

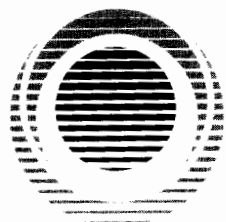
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# TANZANIA TRIP REPORT

## LOGISTICS SYSTEM IMPROVEMENT PROJECT

MAY 22 - JUNE 9, 1995

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A

## ACRONYM LIST

AIDS	Acquired Immune Deficiency Syndrome
AIDSCAP	AIDS Control and Prevention Project
AMCR	Average monthly consumption rate
DACC	District AIDS Control Coordinator
DCCO	District Cold Chain Operator
DMCHCO	District Maternal Child Health Coordinator
DMO	District Medical Officer
FPLM	Family Planning Logistics Management Project
FPSS	Family Planning Services Support Project
FPU	Family Planning Unit
HMIS	Health Management Information Systems
IDM	Institute of Development Management
MCHA	Maternal Child Health Aide
MCH/FP	Maternal Child Health/Family Planning
MOH	Ministry of Health
NACP	National AIDS Control Programme
NFPP	National Family Planning Programme
ODA	Overseas Development Administration
PHN	Public Health Nurse
RACC	Regional AIDS Control Coordinator
RMCHCO	Regional Maternal Child Health Coordinator
RMO	Regional Medical Officer
SDP	Service Delivery Point
TAP	Tanzania AIDS Project
UNFPA	United Nations Population Fund

The evaluation of the regional and district logistics management training presented in this report was conducted by the following evaluation teams:

***Team A: Morogoro and Dodoma Regions***

Mr. Jeremiah Kirway, Logistics Trainer, Institute of Development Management, Mzumbe

Mr. Mohammed Irema, Tanzania AIDS Project, AIDSCAP

Mr. Daniel Thompson, Training Advisor, FPLM Project, JSI

***Team B: Iringa and Mbeya Regions***

Mr. Daniel Mmari, Logistics Officer, Family Planning Unit, Ministry of Health

Mr. Alto Simime, Logistics Trainer, Institute of Development Management, Mzumbe

Ms. Barbara Felling, Training Advisor, FPLM Project, JSI

The consultants would like to thank the other members of the evaluation teams for their tireless efforts in conducting interviews, reviewing records, and counting contraceptives, and for their expertise and patience in providing on-the-job training to NFPP and NACP personnel.

## **I. SUMMARY AND RECOMMENDATIONS**

FPLM Training Advisors Barbara Felling and Daniel Thompson visited Tanzania from May 22 to June 9, 1995 to undertake an evaluation of the regional and district level logistics management training which was initiated in September 1994 as part of the Logistics System Improvement Project. Specifically the scope of work for the visit was to:

1. Conduct a training impact evaluation of logistics management training in Dodoma, Morogoro, Mbeya, and Iringa Regions.
2. Analyze and disseminate the findings from the evaluation to USAID/Tanzania, the Family Planning Unit, UNFPA, IDM and USAID/Washington.
3. Present recommendations based on evaluation findings.

In addition to the above, the FPLM Training Advisors

4. Oriented the IDM Logistics Training Team to the newly revised logistics training curriculum and job reference manual.
5. Provided NFPP and NACP staff who were interviewed during the evaluation with a job reference manual and on-the-job training as needed.
6. Interviewed 4 of the 6 members of the IDM Logistics Training Team and FPU and NACP central level staff to gather their observations about the implementation of the logistics training activities and the improved logistics system.

The training evaluation team would like to thank all those NFPP and NACP staff who participated in the evaluation interviews and who are trying under varying circumstances to implement the logistics system.

The following recommendations are made based on the findings of the training evaluation. A full discussion of the findings can be found in Section III below. As this evaluation is the first component of a two-part evaluation of the impact of logistics assistance to improve the Tanzania family planning and AIDS control logistics systems, further recommendations will be presented after the findings of the second component are analyzed and available in early August. The recommendations presented here are divided into two categories, those related specifically to training, and those not directly

related to the training of NFPP and NACP personnel.

### ***Training Recommendations***

1. *FPLM and IDM should strengthen components of the logistics training curriculum. The training evaluation identified several areas in the curriculum that are weak.*

The changes that should be made to the curriculum fall into three categories: "content to strengthen," which are curriculum areas that are currently covered in the curriculum, but in insufficient detail for participants to gain competence in the procedure; "content to emphasize," which are those content areas which may be covered sufficiently, but which do not receive enough emphasis to convey the importance of the procedure; and "content to delete," which are content areas that are currently in the curriculum, but which have been identified as unnecessary for the efficient operation of the logistics system, and may confuse participants. The components which should be revised or deleted are:

#### ***Content to Strengthen:***

- how to organize data for calculating average monthly consumption rate
- what procedures to take if data for calculating average monthly consumption are incomplete or do not cover a 6 month time period

#### ***Content to Emphasize:***

- what is and how to place an emergency order
- conducting routine physical inventories
- reporting and ordering procedures, including clarifying the standard reporting periods, noting all adjustments (not only losses) on reporting forms, and recording orders on the Inventory Record

#### ***Content to Delete:***

- the interpretation of trends to determine if a 6 month or 3 month average should be used to calculate the average monthly consumption rate. A 6 month average should always be used.

*Attention should also be paid as to how certain mathematical symbols, equations, and word representations are interpreted by participants during training, and where necessary, trainers should paraphrase and check for participant understanding.*

For example, respondents in the evaluation could understand the following equation as meaning 200 divided by 50 equals 4:

$$200 \div 5 = 4$$

However, when presented with the following equation,

$$\text{Balance on Hand} \div \text{AMCR} = \text{Months of supply}$$

they did not always equate the same relationship of division when words were used instead of numbers.

2. *The Family Planning Unit should better coordinate the schedule for regional logistics training with other training provided by the Ministry of Health to avoid conflicts for NFPP personnel attending logistics training.*

As reported by the IDM Training Teams, there have been a number of occasions when the trainers have either been unable to carry out the needs assessment activity with NFPP personnel, or when NFPP personnel are not available to attend logistics training in their region, because they are participating in other MOH training activities.

3. *When identifying participants for regional training, the IDM Training Team should be sure that the personnel to be trained will be in their positions for at least one year following training in order to implement the system.*

In the last six months since receiving the logistics training, two persons trained had retired and two had been transferred into positions not responsible for logistics. While protocol may dictate that soon-to-retire staff receive training, training the in-coming or assistant will help to assure that there is not interruption in the implementation of the logistics system. In cases where personnel will be retiring in the near future, the assistant or in-coming person should be included in the logistics training.

4. *The District Cold Chain Operator (DCCO) should be included in logistics training in those districts where the DCCO works closely with NFPP personnel to deliver contraceptives and provide supervision to the SDPs.*

During the evaluation it became clear that in some cases the DCCO plays a significant role in the implementation of the family planning logistics system. In

these districts, the DCCO may not only deliver the contraceptives, but may also determine the quantity to issue and help SDP staff complete the report. In those cases, the DCCO should be included as a participant in the training so that they will know the proper procedures for implementing their *de facto* logistics responsibilities.

5. *The IDM Logistics Trainers and FPU central staff should reinforce with district NFPP staff the use of opportunities to provide logistics training to SDP personnel.*

The evaluation found that most of the district MCH coordinators are unable to visit all their SDPs each month. SDP personnel may send in their order or come to the district to collect their supplies after completing their report. This makes it very important that SDP personnel learn their logistics responsibilities as early as possible. SDP personnel learn about the logistics system during supervisory visits and to a smaller degree during HMIS training. However, if supervisory visits are intermittent, any opportunity to train SDP personnel at other times should be used. This opportunity may be when SDP personnel come to the district to collect their paychecks or supplies. This procedure is currently being used in Iringa Rural (North & South Districts).

6. *To support the training of SDP personnel, the FPU should develop simple SDP level job aids and accompanying curriculum for use by district MCH coordinators in training SDP personnel.*

In the same way that regional and district level staff have a job reference manual, the SDP level should have simple job aids in Kiswahili to refer to when completing their records and reports and organizing their contraceptive storage areas. The job aids could be in the form of laminated reference cards with step-by-step procedures. This would be particularly helpful to SDP personnel who may only perform logistics tasks once a month and therefore need not commit the procedures to memory. To complement the job aids, a SDP level logistics curriculum should be developed in a modular format for district level staff to use during on-the-job or short, formal training sessions, or during meetings. FPLM is available to provide assistance in the development of job aids and curriculum as required. We suggest that IDM also assist in the development of the job aids and curriculum, and that the IDM Logistics Training Team be used to introduce them to district coordinators.

7. *Regional Medical Officers (RMOs) should be given an orientation to the NFPP and NACP logistics systems during their next annual meeting.*



While the RMOs have no direct responsibility in implementing the logistics system, they do have influence in reinforcing the importance of using logistics procedures with program personnel who implement the system. The FPU should request that the IDM Training Team design and conduct such an orientation. The orientation should not be a training course, but should be a carefully designed presentation with objectives that instill the importance of and an interest in the effective implementation of the system. If requested, FPLM would be available to assist IDM with the development of the orientation presentation.

8. *Regional Nursing Officers (RNOs) should receive training in the NFPP logistics system.*

While some RNOs have been included in the regional logistics training workshops that have been already been conducted, in some regions they have not been invited to attend. From the evaluation it seems evident that RNOs have a role in follow-up and supervision of district level staff, and therefore should be knowledgeable about the system in order to provide on-the-job training when necessary. As well, in one of the regions visited during the evaluation, the RNO was actually managing the contraceptive supplies and therefore needed the information from the training to fulfill her responsibilities. RNOs should be included as participants in all future regional logistics workshops, or could participate in a separate logistics training workshop.

9. *Regional MCH Coordinators and RACCs should receive a follow-up visit from the central level soon after they have received logistics training to reinforce the procedures learned, to assure that the logistics system is implemented immediately after the training, and to emphasize the importance of regional level supervision to the district level. Support in the form of funds and/or transportation should be given to facilitate these follow-up visits.*

During the evaluation visits to the regions it was noted that some participants did not immediately put into action what they learned upon returning to their workplaces. In some cases, they faced unexpected obstacles to implementation of the system, in others they simply went back to the same procedures they used before the training. It is essential that the central level send a message, preferably through follow-up visits, about the importance of the logistics system and its immediate implementation at the regional and district levels. During these visits, central level personnel can help regional personnel to overcome any problems they have in implementing the system and stress the role the region must play in operationalizing the system at the district level.

10. *The Family Planning Unit and NACP should request that IDM establish an annual or semi-annual course in family planning and AIDS control logistics management within IDM so that personnel who move into positions that include logistics management responsibilities after the completion of the 20 regional trainings can receive training.*

Movement and turn-over of NFPP and NACP staff is inevitable, and therefore it is likely that in the future there will be personnel who find themselves in the position of managing contraceptive and AIDS control supplies without having the training to adequately do so. Since it is expected that staff needing logistics training will be few in number at any one time and located throughout the country, the most efficient mechanism for providing this training would be to conduct logistics training workshops for regional and district staff once or twice a year. As the capability of providing training in the NFPP and NACP logistics systems is now institutionalized within the IDM Logistics Training Team, IDM should be requested to include this training in its regular short course offerings.

To remain effective, it will be necessary for the IDM Logistics Training Team to be informed of any changes made to the logistics systems so that they may learn the changes and adapt the curriculum as necessary. It should also be noted that the institutionalization of this specific logistics training rests with the members of the IDM Logistics Training Team who themselves have received significant training. Should the composition of the training team change, the quality of the logistics training offered should be evaluated.

11. *The Family Planning Unit should explore where logistics training could be included in other training provided to NFPP staff, particularly pre-service training.*

As all NFPP staff have some responsibility for the management of contraceptive supplies, one effective means of providing new staff with logistics training is to include a module on logistics procedures in the pre-service training curriculum. While it may be difficult to include the current 5-day training workshop into the pre-service course, it may be possible to distill the logistics content into a one or two day module that may more easily fit into the context of a longer course. If requested, FPLM would be able to assist in the adaptation of the curriculum for pre-service training.

In addition to pre-service training, it would also be helpful to continue to reinforce logistics procedures during formal in-service training and professional meetings.

## *Non-Training Recommendations*

### **NFPP**

12. *The role of the FPU MIS Officer as it relates to the monitoring of logistics training activities should be more specifically defined to make the best use of time and FPU resources.*

The FPU MIS Officer is currently spending much of his time accompanying the IDM Logistics Training Team on their training needs assessment visits. Each of these training needs assessment activities is 4 to 5 weeks in duration. This time would be better spent managing the Tanzanian Government's investment in training, assuring that IDM is following the terms of its contract, reviewing reports of the training activities and disseminating information to FPU and interested donors, coordinating the scheduling of training with other Ministry of Health initiatives, and finding mechanisms to support and supervise those regional and district level personnel who have already received logistics training. The FPU should continue to be represented at the one week regional workshops as resources to the IDM trainers. The MIS Officer, or others familiar with the logistics system, should provide this representation.

13. *The Family Planning Unit should consider printing and controlling the government issue voucher for use in tracking contraceptive distribution transactions between program levels.*

From the evaluation, it was noted that very few NFPP personnel are using issue vouchers to document the movement of contraceptives. The issue vouchers that were intended to be used by the program are the government issue vouchers currently printed by branches of the local governments in the regions. Unfortunately, when NFPP staff at the regional and district levels request issue vouchers, more often than not, the local government agency responsible does not have any available. If they are available, they are in short supply forcing NFPP staff to use issue vouchers erratically and sparingly. In some cases one voucher is used to account for multiple shipments.

In order to fully account for contraceptives, transaction records such as issue vouchers are used to verify essential information about contraceptive movement. Without issue vouchers, it is difficult to track the issue or receipt of contraceptives. By printing issue vouchers and making them available for use by the NFPP, FPU can account for the movement of its contraceptives, determine lead times, and pinpoint possible discrepancies in stock records.

As with the reporting forms, each issue voucher should be printed in triplicate, each a different color, on carbonless duplicating paper. The vouchers should be distributed at the remaining regional workshops and sent with contraceptive shipments to those regions which have already received training.

## NACP

13. *The NACP Report & Request for Supplies form should be printed and issued immediately, along with the condom supplies, so that NACP personnel can begin using reporting and ordering procedures.*

This recommendation has been made in the last three consultant reports and continues to be important. While progress has been made in printing the form, it is still not available to the regional and district level NACP personnel. Without the appropriate form for reporting and ordering, NACP staff are not able to and are not motivated to initiate reporting and ordering procedures learned during training. In a few exceptional cases seen during the evaluation, NACP personnel who had condoms to manage had photocopied the report form handout from the training, or stenciled their own version of the report form, and were implementing the reporting procedures as taught. Therefore, the consultants believe that NACP personnel are not resistance to implementing the logistics procedures, but only hindered by the lack of condom supply and the lack of reporting forms.

14. *NACP should prepare a logistics management job reference manual for regional and district level staff, similar to that developed by the Family Planning Unit for NFPP personnel.*

As with the NFPP manual, the NACP Job Reference Manual, which would describe logistics responsibilities and procedures for each program level, would be used during the training workshop as a reference text and would serve to reinforce the training back on the job. FPLM assisted the FPU in preparing their manual and could be requested to assist in the preparation of the NACP manual. At present, each NACP staff person attending logistics training receives a copy of the NFPP Job Reference Manual to use as many of the logistics procedures are similar, though not the same, for the two programs.

## II. BACKGROUND

This is the seventh FPLM technical assistance visit of the Tanzania Logistics Management Project conducted under the USAID/Tanzania Mission buy-in. Accomplishments to date include the following.

1. FPLM assisted the FPU to identify and train a local logistics training team. The Institute for Development Management (Mzumbe) was contracted by the FPU, with UNFPA support, in April 1994 to conduct regional logistics training. The IDM Logistics Management Training Team has received Training of Trainers and Curriculum Development training conducted by FPLM.
2. FPLM assisted UNFPA to develop project documents for the funding of regional logistics training and the IDM contract.
3. In April 1994, FPLM trained central level staff from FPU, NACP, UNFPA, USAID, and UMATI, and the IDM Training Team in contraceptive logistics management. The workshop was also used to design components of the contraceptive logistics system.
4. FPLM assisted IDM with the development of a training curriculum and support materials for the training of regional and district level family planning and AIDS control personnel.
5. FPLM, IDM and FPU initiated the regional logistics training with a training needs assessment and pilot workshop in Dodoma Region. At the time of this report, the IDM Logistics Management Training Team has conducted 7 additional regional workshops.
6. FPLM observed the conduct of regional training activities and provided on-the-job training for the IDM Logistics Trainers. The curriculum has been revised and updated as a result of these observations.
7. Working with the FPU and IDM Logistics Training Team, FPLM developed the Job Reference Manual for regional and district NFPP personnel.

The final activity under the USAID/Tanzania buy-in to the FPLM Project is the evaluation of the logistics management training activities and logistics system improvement interventions implemented over the last three years. The purpose of this visit was to conduct the evaluation of logistics management training activities. The

evaluation of logistics system improvement interventions will be conducted in July and August.

### III. ACTIVITIES

The evaluation of regional and district level logistics training was conducted in the first 4 regions to receive logistics management training - Dodoma, Morogoro, Mbeya and Iringa. Training in Dodoma was conducted by the IDM Logistics Training Team and FPLM Trainers in September 1994. Training in the other regions was conducted by IDM Logistics Trainers in November 1994. Sufficient time has passed to allow each region to have placed at least 1, if not 2, quarterly supply orders using the Report & Request for Contraceptives/Supplies form following the ordering guidelines introduced in the training.

The objectives of the training evaluation were :

1. to assess the knowledge and current practices of regional and district NFPP & NACP personnel who have received logistics training
2. to assess the effectiveness of the NFPP personnel in teaching SDP personnel how to carry out their logistics responsibilities
3. to identify areas of the curriculum that could be strengthened as a result of the evaluation findings.

A copy of the evaluation strategy is included in Annex B.

The evaluation was carried out over a two week period by the following two teams:

***Team A: Morogoro and Dodoma Regions***

Mr. Jeremiah Kirway, Logistics Trainer, IDM/Mzumbe  
Mr. Mohammed Irema, Tanzania AIDS Project, AIDSCAP  
Mr. Daniel Thompson, Training Advisor, FPLM Project, JSI

***Team B: Iringa and Mbeya Regions***

Mr. Daniel Mmari, Logistics Officer, FPU, Ministry of Health  
Mr. Alto Simime, Logistics Trainer, IDM/Mzumbe  
Ms. Barbara Felling, Training Advisor, FPLM Project, JSI

Representatives from USAID, UNFPA and NACP were invited to participate as members of the evaluation team, but unfortunately no one was able to participate.

In conducting the evaluation, regional, district and SDP level NFPP personnel and regional and district level NACP personnel were interviewed using a standardized questionnaire which assessed *knowledge* and asked about *practice* of logistics procedures. The questionnaire was also used to record interviewer observations about records, reports, and storage conditions. In addition to answering questions, respondents were asked to complete two exercises, one calculating months of supply, the other calculating quantity to order. The persons interviewed are listed in Annex C; the questionnaire used is included as Annex D.

A total of sixty-six interviews were conducted in the four regions. The interviews were conducted at the job sites and in most cases personnel were notified of the interview one to two days in advance. The breakdown of the respondents by level and program is as follows:

	National Family Planning Programme (NFPP)			National AIDS Control Programme (NACP)		Total
	Region	District	SDP	Region	District	
Iringa	2	7	5	1	5	20
Mbeya	2	6	5	1	5	19
Dodoma	2	6	4	0	4	16
Morogoro	2	5	2	1	1	11
Total	8	24	16	3	15	66

Fifty of a potential 72 training participants from the four regions were interviewed, representing a sample of 69%. The sample exceeded the expectations of the evaluation team given the distances to reach most respondents. The other 16 respondents were SDP personnel who have not received formal logistics training, but who may have received on-the-job training from trained district level personnel or who may have participated in the Health Management Information Systems (HMIS) training which introduces the records for collecting logistics data. An attempt was made to interview other past participants, but for the following reasons it was not possible:

- 2 had retired from their positions
- 2 had been transferred to other non-logistics related positions
- 2 missed appointments made to conduct the interview
- 2 were away from posts attending training
- 12 were not interviewed due to time constraints or inaccessibility.

The fact that two participants had retired from their positions and two had been transferred from their posts within 6 months of receiving training points out the need to more carefully select participants to be trained.

Central level FPU and NACP personnel and the IDM Training Team were interviewed to determine the effectiveness of the management of the training process and of the training strategy in general. The questionnaire used in interviewing central level staff can be found in Annex E.

The evaluation teams also completed a Stock & Reporting Frequency Questionnaire to gather information on the frequency of stockouts by brand of contraceptive and the consistency of reporting since the beginning of 1995. As indicators of the functioning of the logistics system, this information will be used as part of the evaluation of logistics improvement interventions. The questionnaire and results can be found as Annexes F, G, and H.

#### **IV. FINDINGS**

In general, the evaluation team found an emerging logistics system in place, and expects that over time, the system will improve as procedures are practiced more frequently. Most personnel are maintaining more than adequate logistics records and are beginning to implement reporting procedures. Storage conditions have improved greatly from those observed during the needs assessment visits, and personnel are placing a greater importance on the management of contraceptives and condoms as part of their job responsibilities.

Based on the results of the evaluation and their observations during the field visits, the consultants feel that the IDM Logistics Management Training Team is doing a good job in conducting the regional logistics workshops, and that with revisions to the curriculum as recommended above, the training workshops will be even more effective.

An annotated summary of the results of the evaluation questionnaires can be found in Annex I. Comments on findings as they relate to the objectives of the training evaluation and the objectives of the regional workshops are presented below. As no formal standardized logistics procedures were in place before the training in each region, the baseline was no knowledge or practice of logistics prior to training.

##### **Evaluation Objective 1:**

To assess the knowledge and current practices of regional and district NFPP & NACP personnel who have received logistics training.



To assess the knowledge and current practices of NFPP and NACP personnel, 32 NFPP and 18 NACP regional and district coordinators were interviewed. Their records, reports, and storage conditions were observed and evaluated. The purpose of the interview questions and observations was to determine how well personnel were undertaking their logistics responsibilities based on the objectives of the regional workshops they attended. The objectives of the regional workshops are that, by the end of the workshop, regional and district-level personnel in the NFPP and NACP will be able to:

1. Describe the Tanzanian family planning and AIDS control logistics systems.
2. Identify their individual responsibilities in the Tanzanian family planning and AIDS control logistics systems and describe them in relation to the logistics responsibilities of others.
3. Complete all logistics records and reports accurately and submit them to the appropriate places in a timely manner.
4. Assess contraceptive supply status at the regional, district and service delivery point (SDP) levels.
5. Determine contraceptive and condom order quantities for the regional, district and SDP levels.
6. Store contraceptives and condoms according to guidelines and monitor contraceptives and condoms stored at Pharmaceutical Stores and other facilities.
7. Monitor logistics activities on a regular basis.
8. Provide regular logistics supervision and immediate on-the-job training as required.

The results of the evaluation based on these objectives are described below by program.

### **National Family Planning Program**

Most of the Regional and District MCH Coordinators interviewed could accurately describe the Tanzania contraceptive logistics system and knew the order interval for their level in the system. In addition, all but one was completing the Inventory Record with a significant degree of accuracy.

### NFPP Regional & District Record Keeping

97% of regional & district facilities were maintaining Inventory Records with 92% accuracy.

47% of facilities are using Issue Vouchers.

However, fewer than half of the facilities visited were using issue vouchers. Those who did not said that they were not able to obtain the vouchers from local authorities. Many of those using issue vouchers were doing so in a way to conserve them, often not sending copies with shipments, but waiting until enough shipments had been sent to the recipient to fill all the lines on the form and then sending a copy to the recipient. In most cases, only original book copies of the voucher were observed as return copies had not been received. There was not documentation of the complete transaction.

### NFPP Reporting & Ordering

Report & Request for Contraceptives forms were available for examination in 94% of facilities visited.

87% of facilities had submitted at least one Report & Request for Contraceptives in the last 6 months.

Most facilities visited had completed between 1 and 6 Report & Request for Contraceptives forms in the six months since receiving training. While the stock information on the reports was fairly complete, respondents had problems with accurately completing the "losses", "quantity needed" and "dispensed to client" columns. While able to actually record losses, several respondents were unclear how to account for a positive adjustment on the form. This is a training problem that should be corrected in the curriculum and a problem with the form which should read "losses/adjustments" as the column label.

Respondents were unclear as to how to calculate quantity needed when they had incomplete data from lower level facilities and whether to put anything in the dispensed to user column if they did not have all the data from lower level facilities. In many cases, respondents had not submitted reports because they were waiting to get the remaining data.

During the interviews the evaluators instructed respondents on using the losses column for negative and positive adjustments and asked them to submit their reports on time,

but to note the number of lower level facilities included and the total number of facilities that should have been included on the report.

#### NFPP Assessing Supply Status & Calculating Orders

78% of respondents could tell interviewers how to calculate AMCR

50% could calculate months of supply on hand

63% could calculate the quantity to order

NFPP Regional and District MCH Coordinators were asked to complete two exercises during the interview that involved calculating months of supply on hand and the quantity to order when given the data to do so. Given that most respondents had not been doing either of these functions on a regular basis since the training, the results above are not surprising. As noted in the recommendations, the curriculum needs to be revised to instruct participants on how to make these calculations when they have incomplete data and to encourage them to report regularly even if they do not have all the expected data.

#### NFPP Supervisory Visits

Only 33% of district MCH Coordinators state that they can visit all their SDPs monthly.

58% of district MCH Coordinators had not received a supervisory visit from their regional supervisor in the last six months.

In order for the Tanzania contraceptive logistics system to work with its current inventory control system, it is essential that District MCH Coordinators visit all the SDPs in their districts monthly. The evaluation team found that only 33% of district personnel say that they can visit all the SDPs monthly; 42% say they can visit not all, but more than half each month; 13% say they can visit half; and 8% can visit less than half of their SDPs in a month. Some of the constraints to visiting monthly included:

- a lack of dedicated transport for MCH at the district level
- too many SDPs located too far apart
- demands of other job responsibilities.

## National AIDS Control Program

Three Regional AIDS Control Coordinators (RACCs) and 15 District AIDS Control Coordinators (DACCs) were interviewed for this evaluation. While the NACP is in the initial stages of implementing a condom logistics system, the opportunity was taken to train NACP personnel during the training of NFPP personnel in logistics. In many ways, the systems are comparable.

During the evaluation visits, it was discovered that there were condom stockouts at the regional level in two of the four regions and in at least 6 districts, and significant shortages in many more districts. In several cases NACP personnel interviewed were not able to practice what they learned in training because they had no stock to manage or knew that their requests for condoms would not be filled because the upper level facility had no stocks. While the shortage or lack of condom supply may have effected the findings of the evaluation, it is worthwhile to note that the evaluators were encouraged by the dedication, motivation and ingenuity of many of the RACCs and DACCs interviewed to do their jobs while facing numerous constraints.

### NACP Regional & District Record Keeping

89% of regional & district facilities were maintaining Inventory Records with 78% accuracy.

28% of facilities are using Issue Vouchers.

Most RACCs and DACCs were able to describe the Tanzania condom logistics system and two thirds of those interviewed knew the order interval for their level in the system. Sixteen of the 18 respondents were completing inventory records. In cases of stockouts, the last entry had been made at the time of stockout, which in some cases was several months earlier. As with the NFPP, very few respondents were using issue vouchers and for the same reason - unable to obtain them from local authorities. However, in a few cases, personnel were actually making their own handwritten vouchers to use.

### NACP Reporting & Ordering

Report & Request for Supplies forms were not available in any facility.

However, 39% of facilities visited had made their own and were using the report.

44% of facilities visited had never submitted a report form.

At the time of the evaluation, NACP had not yet printed or distributed the Report & Request for Supplies form. Therefore, most personnel had not been able to complete or submit them to the higher level. However, in 7 of the 18 facilities visited, RACCs and DACCs had either photocopied the sample form given to them in the training or stenciled their own copies and were completing and submitting the report. The reports examined were fairly accurate, with problems noted in recording losses and adjustments as seen in the NFPP interviews.

#### NACP Assessing Supply Status & Calculating Orders

72% of respondents could tell interviewers how to calculate AMCR

61% could calculate months of supply on hand

33% could calculate the quantity to order

The fairly low percentages here may be attributed to the infrequency with which personnel are doing these calculations. In cases where there were no stocks, the months of supply on hand was obvious. And in other cases, DACCs had not bothered calculating orders, since previous orders had gone unfilled and no stocks were available at the regional level. The same problems of uncertainty in using incomplete data were seen at the regional level.

#### NACP Supervisory Visits

33% of District AIDS Control Coordinators had not received a supervisory visit from their regional supervisor in the last six months.

It seems that in those areas where there were condom supplies, NACP personnel were motivated to practice the logistics procedures they learned during the training. However, unless NACP distributes the Report & Request for Supplies forms and condoms soon, NACP personnel will lose what they learned during the regional workshops and the motivation to use the knowledge and skills gained.

### Evaluation Objective 2:

To assess the effectiveness of the NFPP personnel in teaching SDP personnel how to carry out their logistics responsibilities

This objective was accomplished by interviewing 16 SDP personnel and observing their records, reports, and contraceptive storage to assess their current logistics knowledge and practice. District level NFPP staff are responsible for supervising SDP staff and providing them with on-the-job training in logistics. The level of knowledge and practice of SDP staff reflects the effectiveness of the supervision and on-the-job training provided by the district staff.

As stated in the curriculum of the regional workshops, district level staff learned that:

"In matters related to family planning contraceptive logistics management, SDP personnel will:

1. Store contraceptives at the SDP level following accepted storage guidelines.
2. Make entries into the Day-to-Day Form and Inventory Record in an accurate and timely manner.
3. Work with the District MCH Coordinator to complete monthly reports and determine contraceptive needs.
4. Conduct a physical inventory of contraceptives stored at the SDP on a monthly basis."

### SDP Storage

Only 1 out of 16 persons interviewed could list the major storage guidelines, however 10 of the 16 storerooms (62%) visited were maintained according to the guidelines for good storage.

From these results it appears that the district level staff that have visited their SDPs since training have not put much emphasis on naming the storage guidelines specifically, but there is evidence in many locations that they have worked with SDP staff to improve general storage conditions when compared to the storage conditions observed during the training needs assessment visits.

### SDP Record Keeping

100% of SDPs visited maintain Day-to-Day Books with an 86% accuracy rate.

100% of SDPs visited maintain Inventory Records with a 63% accuracy rate.

All SDP personnel interviewed were recording client visits in Day-to-Day Books and keeping track of contraceptive supplies in Inventory Records. Fifty percent of SDP personnel interviewed had attended HMIS training during which participants are taught how to use these forms. District MCH Coordinators are also responsible for ensuring that SDP personnel know how to accurately complete these forms. The evaluators were encouraged by this level of use.

While 100% of SDPs were completing the Day-to-Day form, none were completing Summary Table 3, a form used to aggregate the quantity of contraceptives dispensed to users on a monthly basis. This is because none of the SDPs had been given Summary Table 3 to complete. While participants in the regional workshops are taught how to complete and use Summary Table 3, the Day-to-Day books distributed by the FPU do not include it. A similar form is found in the HMIS MCH Statistics Book 3 (on page 20), and 38% of SDPs visited were completing this form. All those completing the MCH Statistics Book 3 had attended the HMIS training. The FPU should add Summary Table 3 to the Day-to-Day Books it distributes or distribute the table separately. While use of the form is not absolutely essential to the effective operation of the logistics system, it would assist both SDP and district personnel to organize data that is used in assessing supply status and later reported. The organization of dispensed to user data is a topic which will be strengthened in the revised curriculum.

Most of the problems associated with the use of the Inventory Record related to the recording of minimum and maximum stock levels in absolute numbers rather than in months of supply. When asked about this, SDP personnel said that during HMIS training they were taught to fill in a specific number on the form for these levels and that this might change once logistics training had been done in their region. District personnel had not yet addressed this topic with many of the SDPs.

### SDP Reporting & Ordering

11 of the 16 SDPs visited had prepared reports with district level staff or on their own.

It is the responsibility of district level staff to complete the Report & Request for Contraceptives with SDP staff during their monthly supervisory visits. Since 12 of the

16 SDPs visited had received at least one supervisory visit in the six months prior to the interview, it appears that district personnel are undertaking this responsibility if they are doing their visits.

The quality of the reports seen was generally good. The quantities issued, which at this level is equivalent to dispensed to user data, was accurate in 9 of the 11 sets of reports examined when compared with the Day-to-Day books and Inventory Records.

As at other levels in the system, the majority of orders on the Report & Request for Contraceptives were not based on a calculation of maximum quantity needed, but were based on the providers intuition of how much might be needed. As most SDPs did not initiate the new logistics system until January 1, 1995, SDP staff said that they were not able to calculate the orders at the time of the interviews in late May and early June because they did not as yet have six months data to determine the average monthly consumption.

On a positive note, at least one SDP visited had received effective on-the-job training from the district MCH coordinator and was completing the report entirely on its own, and with the exception of calculating the order, was doing so with close to 100% accuracy.

#### SDP Physical Inventory

56% of SDP staff knew to conduct physical inventories monthly.  
56% had recorded monthly physical inventories in the Inventory Record.

Based on these findings, the majority of SDPs that had received a supervisory visit were conducting regular physical inventories.

#### Evaluation Objective 3:

To identify areas of the curriculum that could be strengthened as a result of the evaluation findings.

The specific changes that should be made in the curriculum are detailed in the first recommendation presented in this report.



**Annex A**  
**Persons Contacted**

## ANNEX A

### PERSONS CONTACTED

#### USAID

Ms. Dana Vogel, HPN Officer  
Dr. F.M. Mburu, Manager, FPSS Project  
Mr. Michael Mushi, Assistant HPN Officer  
Ms. Susan Hunter, Manager, AIDS Control

#### Family Planning Unit

Dr. Calista Simbakalia, Director  
Dr. Catherine Sanga, Deputy Programme Manager  
Mr. Cyprian Mpemba, Programme Officer, Logistics and MIS  
Mr. Daniel Mmari, Logistics Officer

#### National AIDS Control Programme

Dr. Swai, Programme Manager  
Mr. Felix Mshana, Supplies Officer

#### Tanzania AIDS Project

Mrs. Penina Ochola, Resident Advisor  
Mr. Tim Manchester, Social Marketing Advisor

#### IDM Logistics Training Team

Mrs. Rebecca Ruzibuka, Logistics Trainer  
Mr. Anatory Kamihanda, Logistics Trainer  
Mr. Jeremiah Kirway, Logistics Trainer/Acting Coordinator  
Mr. Noel Mrope, Logistics Trainer  
Mr. Alto Simime, Logistics Trainer

#### UNFPA

Mrs. Dorothy Temu Usiri, National Programme Officer, MCH/FP

#### Mbeya Region

Dr. Minja, Regional Medical Officer  
Mr. Salvator Hokororo, Training Coordinator, Family Health Project (ODA)  
Ms. Maeve O'Sullivan, MCH Advisor, Family Health Project (ODA)

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## **Annex B**

### **Tanzania Logistics Improvement Project Evaluation Strategy**

## ANNEX B

### TANZANIA LOGISTICS MANAGEMENT IMPROVEMENT PROJECT EVALUATION STRATEGY

#### BACKGROUND

Since 1992, the FPLM Project has been providing assistance in logistics management to the Family Planning Unit (FPU) of the National Family Planning Programme and to the National AIDS Control Programme (NACP). This assistance has focused on the development of a comprehensive logistics system and the training of personnel at the central, regional and district level to implement the system. Since October 1993, this assistance has been provided under a delivery order agreement with USAID/Tanzania.

As the final activity under its agreement with USAID/Tanzania, FPLM will conduct a mid-term evaluation of the Logistics Management Improvement Project. This evaluation will be conducted in two components:

- evaluation of the impact of logistics interventions on the logistics system
- evaluation the effectiveness of the training component.

As the implementation of the improved logistics system is dependent on the training of personnel who operate the system, the two evaluation components are intricately connected. The results of the training evaluation will provide insights into the effectiveness of the training to change job performance, and when compared with the results of the system evaluation, will point to strengths and weaknesses of the training to make systematic changes. The results of the system evaluation will focus on the impact of a number of interventions undertaken over the last three years to improve the logistics system. The results of the system evaluation will show how suitable the logistics system is for Tanzania, and when analyzed against the training evaluation, may point out obstacles to implementation which can not be addressed through training.

Donald Kirkpatrick's four- level model for training evaluation will provide the framework for the evaluation. These four levels include:

- I. Reaction - participants opinions regarding training
- II. Learning - skills & knowledge achieved during training
- III. Behavior - changes in on-the-job performance after training
- IV. Results - positive effects of training on the program

Levels I & II, Reaction and Learning respectively, were assessed at the conclusion of each training workshop and will be assessed again during the training evaluation to determine the usefulness of the training and retention of knowledge and skills now that participants have had the opportunity to use them in their workplace. The training evaluation will also focus on Level III, Behavior, to determine if participants are using what they learned in the training, the

key to implementation of the improved logistics system. The systems evaluation will address Level IV, Results, measuring changes in the logistics system that result from the training as well as changes that result from improvements in the system design.

## OVERVIEW OF TRAINING EVALUATION

Training under the Logistics Management Improvement Project began in April 1994 with a workshop for central level FPU, NACP, USAID, and UNFPA staff. The purpose of the workshop was to orient participants to the design of the family planning and AIDS control logistics systems and to gain their input into system specifications. The logistics training team from the local institution chosen to conduct regional and district level training, IDM, also attended the central level workshop and received Training of Trainers and Curriculum Development training following the Central Level Workshop.

The first regional level logistics management training was conducted in September 1994. Since then six additional regions have received the logistics management training conducted by IDM. At the time of the evaluation, at least 6 months will have passed since the first 4 regions were trained. The training evaluation will be conducted in 4 regions (Dodoma, Morogoro, Mbeya and Iringa) as sufficient time will have passed for each region to have placed at least 1, if not 2, quarterly supply orders, one of the procedures introduced in the training. A sample of districts and service delivery points will be visited in each of the 4 regions.

The evaluation of training activities at the regional level and below will assess how much participants learned from the training and what they are practicing on the job as a result of the training. Specifically the training evaluation will:

- determine if the training program is accomplishing its objectives
- identify the strengths and weaknesses of the training strategy and curriculum
- determine if the right people benefited
- identify which participants benefitted most and least, who may require retraining
- reinforce major points made in the training
- determine what non-training factors may be influencing job performance

Working in two teams, FPLM Training Advisors Barbara Felling and Daniel Thompson, two IDM trainers, and two representatives from the FPU, USAID, and/or UNFPA, will conduct the regional/district level evaluation using interview, observation and testing to gather data. As a baseline, it is assumed that participants had no pre-requisite knowledge or skills to implement the improved logistics system before training.

The FPLM Training Advisors will also interview central level FPU and NACP personnel and the IDM Training Team to determine the effectiveness of the management of the training process and of the training strategy, in general.

## OVERVIEW OF THE SYSTEMS IMPACT EVALUATION

Technical assistance in logistics management has been provided to the National Family Planning Programme and the National AIDS Control Programme since February 1992. The first two years of assistance focused on the design of an improved logistics system and included the development of a logistics management information system, an inventory control system, a driver scheduling and transportation plan, establishment of central warehousing procedures, and on-the-job and formal training of central level staff. The general purpose of the logistics system evaluation is to determine the impact of these interventions - are contraceptive and AIDS control supplies flowing better from the central level to service delivery points than they were prior to the interventions? It will also assess if specifications of the system are appropriate for Tanzania and what changes or modifications might be needed. In addition, the system impact evaluation will point out how well the training activities have enabled NFPP and NACP staff to implement the improved system. Specifically, the systems evaluation will look at details of the

1. logistics management information system
2. inventory control system
3. storage capacity and conditions
4. distribution scheduling and transport plan
5. logistics system management structure

The 1992 assessment of transport and storage and the pre-training needs assessments will form a baseline for comparison to the current effectiveness of the system. The systems evaluation will be conducted by FPLM Logistics Advisor Steve Perry and Consultant Cliff Olson. It will be conducted in 4 regions, two of which will have received logistics management training, two of which will have not. Observation and interview will be used to gather data.

## Annex C

### Persons Interviewed

## ANNEX C

### PERSONS INTERVIEWED

#### **Iringa Region**

L.J. Mpogple	RMCHCO
M. Urassa	Asst. RMCHCO
D. Mpangile	RACC

#### **Njombe District**

A. Duma	DMCHCO
M. Mloge	Asst. DMCHCO
P.E. Msigwa	DACC
G. Kaduma	MCHA, Makambako Health Centre

#### **Mufindi District**

V. Mboya	DMCHCO
R. Kingilo	Asst. DMCHCO & In-Charge Mafinga MCH Clinic
H. Lubugo	DACC

#### **Makete District**

E.M. Ngogo	DMCHCO
E.T. Nduvambo	DACC
L. Kigahe	MCHA, Lupalilo Dispensary

#### **Iringa Districts (2)**

F.A. Kisika	DMCHCO, Iringa South
B. Mgombela	DMCHCO, Iringa North
A. Chinangwa	DACC, Iringa Rural
M.P. Salila	DACC, Iringa Urban
Mrs. Saga	MCHA, Ilula Itunda Health Centre, Iringa North
M. Mkane	MCHA, Kipomzelo Rural Health Centre, Iringa South

#### **Mbeya Region**

M. Kasambala	RMCHCO
E. Mwanshinga	Regional FP Trainer
G. Mwasenga	RACC

#### **Kyela District**

M. Sayenda	DMCHCO (in-coming)
Robert Mwambalo	DACC
M. Njohole	MCHA, Busale Dispensary

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**Rungwe District**

M. Chitanda DMCHCO  
R. Silungwe DACC

**Chunya District**

T. Chiwanga DMCHCO  
E. Mwaipopo DACC  
F. Kibona PHN, Chunya Health Center

**Ileje District**

T. Mlabwa DMCHCO  
K. Kibana MCHA, Ikumbilo Dispensary

**Mbozi District**

S. Bantu DMCHCO  
M. Faustin MCHA, Rwanda Dispensary

**Mbeya Urban District**

W. Kamugisha DACC

**Mbeya Rural District**

I. Nyalusi DMCHCO  
S. Msuya DACC  
L. Mbele Nurse Midwife In-Charge, Inyala Health Center

**Morogoro Region**

M. Wapalila RMCHCO  
C. Lyimo RACC  
C. Mwaipambe Nursing Officer in Charge, Morogoro Hospital

**Kilosa District**

E. Msigala DMCHCO  
A. Mseke Asst. DMCHCO  
Y. Cheru MCHA, Rudewa Dispensary

**Morogoro Rural District**

B. Mwihumbo DMCHCO, Morogoro Rural South  
M. Denis DMCHCO, Morogoro Rural North  
P. Kaheze MCHA, Kingolwira Dispensary (North)

**Morogoro Urban District**

S. Sabaya DMCHCO  
B. Moshi DACC

## **Dodoma Region**

E.G. Kidyalla      RMCHCO  
V. Uriyo            Regional FP Trainer

### **Mwapwa District**

H. Mwambona      DMCHCO  
E. Msambili        DACC  
M. Mbimbi          Nurse Midwife, Kongwa Urban Health Centre

### **Kondoa District**

M. Mapande        DMCHCO  
Z. Heri              Asst. DMCHCO  
J. Maximillian      DACC

### **Dodoma Urban District**

M. A. Msuya        Asst. DMCHCO  
A. Barankena        DACC  
Records Reviewed   Wajenzi Dispensary

### **Dodoma Rural**

R. Nondi            DMCHCO, Dodoma Rural East  
R.H. Makundi       DMCHCO, Dodoma Rural West  
B. Temba            DACC  
J. Msambazi        MCHA, Handali Health Centre  
P. Maula            Nurse Midwife, Haneti Health Centre

## Annex D

### Training Evaluation Interview Questionnaire

**TANZANIA TRAINING EVALUATION  
INTERVIEW QUESTIONNAIRE**

**Introduce yourself. Explain to the person you are interviewing that you are gathering information about how well the logistics training has helped him/her in managing family planning/condom supplies. Explain that you would like to ask him/her a few questions and to look at the records, reports and storage area. Ask that the records and reports be made available to you to review.**

Name of Respondent: \_\_\_\_\_

Position: \_\_\_\_\_ NFPP ☐ NACP ☐

Region: \_\_\_\_\_ District: \_\_\_\_\_

Facility: \_\_\_\_\_

Interviewer: \_\_\_\_\_ Date of Interview: \_\_\_\_\_

**Region & district only:**

1. When did you receive training in logistics management?

26 - 30 September 1994 (Dodoma)	<input type="checkbox"/>	21 - 25 November 1994 (Mbeya)	<input type="checkbox"/>
14 - 18 November 1994 (Morogoro)	<input type="checkbox"/>	25 - 29 November 1994 (Iringa)	<input type="checkbox"/>

2. Since you attended the logistics training, how many other training courses or conferences have you attended?

0 ☐      1 ☐      2 ☐      >2 ☐

3. How well do you think the logistics training prepared you to manage your contraceptive or AIDS control logistics system?

Very well ☐      Adequately ☐      Not at all ☐

4a. Do you have the handouts provided to you during the workshop?

Yes ☐      No ☐

**Interviewer, ask to see the handouts.**

b. Interviewer, are handouts easily accessible? Yes ☐ No ☐  
☐

c. Have you referred to the handouts provided to you during the training to help you in managing your logistics system? Yes ☐ No ☐

d. If yes, which handouts have you referred to?

Major Logistics-Related Responsibilities	<input type="checkbox"/>
Steps in Filling out <i>Day-To-Day Form</i>	<input type="checkbox"/>
Steps in Filling out the <i>Issue Voucher</i>	<input type="checkbox"/>
Steps in Filling out the <i>Inventory Record</i>	<input type="checkbox"/>
Action Required of Records and Reports	<input type="checkbox"/>
Steps in Filling out the <i>Report &amp; Request for Contraceptives/Supplies</i>	<input type="checkbox"/>
Steps in Conducting a Physical Inventory	<input type="checkbox"/>
Steps to Determine the Average Monthly Consumption Rate	<input type="checkbox"/>
Formula for Calculating Months of Supply on Hand	<input type="checkbox"/>
MOH Max/Min Months of Supply	<input type="checkbox"/>
Formula for Calculating Maximum Quantity	<input type="checkbox"/>
Formula for Determining Order Quantity	<input type="checkbox"/>
Tanzania Storage Guidelines	<input type="checkbox"/>
Contraceptive Shelf Life	<input type="checkbox"/>
Guidelines for Monitoring and Supervision	<input type="checkbox"/>
Other	<input type="checkbox"/>

**All respondents:**

5a. Have you received HMIS training? Yes ☐ No ☐  
b. Before or after logistics training? Before ☐ After ☐

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## INTRODUCTION TO LOGISTICS

6. How many levels are there in the Tanzania Contraceptives/AIDS Supplies logistics system? 4 ☐ wrong answer ☐

7. How frequently are you supposed to order your contraceptives/condoms? (Mark the answer relevant to that level):

regional level:

quarterly ☐

wrong answer ☐

N/A ☐

district level:

monthly ☐

wrong answer ☐

N/A ☐

SDP level:

monthly ☐

wrong answer ☐

N/A ☐

8. What are the "Six Rights"?

goods ☐

condition ☐

time ☐

quantity ☐

place ☐

cost ☐

## RECORD KEEPING AND REPORTING

**Tell respondent that you are going to ask some questions about the forms he/she uses to manage family planning/condom supplies. Ask respondent to bring the records and reports he/she uses.**

**If at SDP, ask question 9. If not, go to question 11.**

9. Do you complete a *Day-to-Day book*?

Yes ☐

No ☐

If no, why not?

Do not have form ☐

No time to complete ☐

Don't know how ☐

Someone else does it ☐

Who? \_\_\_\_\_

Other \_\_\_\_\_

**Skip to question 11.**

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Interviewer should look at the *Day-to-Day forms* and answer the following questions.

10a. Is there a Day-to-Day form to observe? Yes ☐ No ☐

If no, skip to question 11.

- |                                                                                         |                              |                             |
|-----------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| b. Is the date listed for all entries?                                                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Is the name listed for all entries?                                                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. Is the client number listed for all entries?                                         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e. Is new/continuing users marked for all entries?                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| f. Are the units of issue correct?                                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| g. Are the columns being totaled?                                                       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| h. Are the column totals being tallied correctly?                                       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| i. Are the totals dispensed for each day being entered in the <i>Inventory Record</i> ? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| j. Is there a <i>Summary Table 3</i> ?                                                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| k. Is <i>Summary Table 3</i> being completed?                                           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| l. Is <i>Summary Table 3</i> being completed correctly?                                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

11. Do you complete an *Inventory Record* for each contraceptive brand you manage?  
Yes ☐ No ☐

If no, why not?

Do not have form ☐

No time to complete ☐

Don't know how ☐

Someone else does it ☐ Who? \_\_\_\_\_

Other \_\_\_\_\_

Skip to question 14.

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Interviewer should select the appropriate contraceptive listed below and look at the *Inventory Records* for that contraceptive.

12. Microgynon (NFPP) ☐  
 Condoms (NACP) ☐

13a. Is there an *Inventory Record* to observe? Yes ☐ No ☐

If no, skip to question 14.

- b. Is an *Inventory Record* maintained for each contraceptive brand? Yes ☐ No ☐ NA ☐
- c. Is the UNIT filled in? Yes ☐ No ☐
- d. Is the UNIT filled in correctly? Yes ☐ No ☐
- e. Is maximum months of supply filled in? Yes ☐ No ☐
- f. Is maximum months of supply filled in correctly? (regional 7, district 3, SDP 3) Yes ☐ No ☐
- g. Is minimum months of supply filled in? Yes ☐ No ☐
- h. Is minimum months of supply filled in? (regional 4, district 2, SDP 2) Yes ☐ No ☐
- i. Is the date filled in for each transaction? Yes ☐ No ☐
- j. Is the transaction reference filled in for each transaction? Yes ☐ No ☐
- k. Are physical inventories recorded? Yes ☐ No ☐ NA ☐
- l. Are adjustments recorded? Yes ☐ No ☐ NA ☐
- m. Are explanations for adjustments noted? Yes ☐ No ☐
- n. Are quantities on order recorded? Yes ☐ No ☐ NA ☐
- o. Are the mathematical calculations correct? Yes ☐ No ☐

Cross check quantities on order with the *Report & Request for Contraceptives*.

- p. Do the quantities match? Yes ☐ No ☐ NA ☐
- q. Do the dates of order match? Yes ☐ No ☐ NA ☐

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If at SDP, skip to question 16.

14. Do you complete *Issue Vouchers*?

Yes ☐

No ☐

If not, why not?

Do not have form ☐

No time to complete ☐

Don't know how ☐

Someone else does it ☐ Who? \_\_\_\_\_

Other \_\_\_\_\_

If answer is no, skip to question 16.

Interviewer should look at the most recent *Issue Vouchers* for the contraceptive selected (Microgynon or condoms) and answer the following questions.

15a Is there an *Issue Voucher* to observe?

Yes ☐

No ☐

If no, skip to question 17

b. Is the person to whom the shipment is sent indicated?

Yes ☐

No ☐

c. Is the *Issue Voucher* dated?

Yes ☐

No ☐

d. Is the brand of contraceptive recorded?

Yes ☐

No ☐

e. Is the unit of issue recorded?

Yes ☐

No ☐

f. Is the quantity issued recorded?

Yes ☐

No ☐

g. Are the required signatures included?

Yes ☐

No ☐

h. Are return copies of *Issue Vouchers*

marked as received and filed?

Yes ☐

No ☐

NA ☐

i. Do quantities on *Issue Voucher* correspond with the quantities on the *Inventory Record*?

Yes ☐

No ☐

NA ☐

16a. Do you complete a *Report & Request for Contraceptives/Supplies* form?

Yes ☐

No ☐

b. If not, why not?

Do not have form ☐

No time to complete ☐

Don't know how ☐

Someone else does it ☐ Who? \_\_\_\_\_

Other \_\_\_\_\_

**Skip to question 19.**

c. If yes, how often are you suppose to complete the Report form?

monthly ☐

quarterly ☐

other ☐

17. Do you complete the *Report & Request for Contraceptives/Supplies* quarterly (at region) or monthly (at district & SDP)? Yes ☐ No ☐

If not, why not?

Does not complete for period when no contraceptives dispensed ☐

Does not complete when believes there is no need for additional stock ☐

Follows another order interval ☐

Too busy to complete routinely ☐

Have not received all *Report & Request for Contraceptive/Supplies* from the lower level ☐

Other \_\_\_\_\_

**Interviewer should look at the *Report & Request for Contraceptives/Supplies* forms for the contraceptive selected (Microgynon or condom) and answer the following questions.**

18a. Is there a *Report & Request for Contraceptives/Supplies* to observe? Yes ☐ No ☐

**If no, skip to question 19.**

- b. Do the reported balances equal those found on the *Inventory Record* for the time period? Yes ☐ No ☐
- c. Do losses reported on the *Report & Request for Contraceptives/Supplies* correspond to losses/adjustments indicated on the *Inventory Record*? Yes ☐ No ☐
- d. Do the quantities received correspond to the *Inventory Record*? Yes ☐ No ☐
- e. Do the quantities issued correspond to the *Inventory Record*? Yes ☐ No ☐
- f. Does the beginning balance from the most recent *Report & Request for Contraceptives/Supplies* equal the ending balance of the previous *Report & Request for Contraceptives/Supplies*? Yes ☐ No ☐

19. **NFPP Only. NACP regional level, skip to question 20. NACP district level skip to question 21.**

19a. How do you figure out what figure to put in the last column, the Dispensed to Clients column, the *Report & Request for Contraceptives*?

Add the dispensed to clients information, by brand of contraceptive, from the reports from each of the lower level facilities in my district/region. ☐

wrong answer ☐

Interviewer request the copies of the SDP *Report & Request for Contraceptives* if at district level or the district *Report & Request for Contraceptives* at regional level and look at the entries for the contraceptive selected (Microgynon or condom).

- b. Does the aggregate of the dispensed to clients information from copies of reports from the lower level equal the figure reported in the "dispensed to client" column? Yes ☐ No ☐

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20. NACP Regional Level Only, NFPP and NACP district skip to question 21.

20a. How do you figure out what figure to put in the last column, the Issued to Districts column, on the *Report & Request for Supplies*?

Add the condom issues data from the all the district reports. ☐

wrong answer ☐

Interviewer request to see copies of the district *Report & Request for Supplies*.

b. Does the aggregate of issues from the copies of reports from the district level equal the figure reported in the "issued from districts" column? Yes ☐ No ☐

#### ASSESSING SUPPLY STATUS

21a. How frequently are you supposed to conduct physical inventories?

never	<input type="checkbox"/>	quarterly	<input type="checkbox"/>
weekly	<input type="checkbox"/>	annually	<input type="checkbox"/>
monthly	<input type="checkbox"/>	whenever I have time	<input type="checkbox"/>
other	<input type="checkbox"/>	specify: _____	

b. How frequently do you conduct physical inventories ?

never	<input type="checkbox"/>	quarterly	<input type="checkbox"/>
weekly	<input type="checkbox"/>	annually	<input type="checkbox"/>
monthly	<input type="checkbox"/>	whenever I have time	<input type="checkbox"/>
when I issue	<input type="checkbox"/>	when I receive	<input type="checkbox"/>
other	<input type="checkbox"/>	specify: _____	

Interviewer cross-check with *Inventory Record*.

c. Are physical inventories indicated on *Inventory Record*? Yes ☐ No ☐

40

d. If so, how frequently are they noted?

never	<input type="checkbox"/>	monthly	<input type="checkbox"/>
more than weekly	<input type="checkbox"/>	quarterly	<input type="checkbox"/>
weekly	<input type="checkbox"/>	annually	<input type="checkbox"/>
other	<input type="checkbox"/>	specify: _____	

22. How do you determine how many months of supply you have on hand for a particular brand of contraceptive?

Balance of stock on hand

Average monthly consumption rate

wrong answer

☐☐

23a. Do you calculate average monthly consumption rate?

Yes ☐

No ☐

b. If not, why not?

Do not know how

☐

Didn't think it was necessary

☐

Do not have the time

☐

Do not have all the information to do it

☐

Someone else does it

☐

Other \_\_\_\_\_

c. How do you calculate your average monthly consumption rate?

If there is no increasing or decreasing trend in the dispensed to user for a brand, then I take the last 6 months dispensed data, sum it up, and divide by 6.

If there is an increasing or decreasing trend in the dispensed to user for a brand, then I take the last 3 months dispensed data, sum it up, and divide by 3.

☐

wrong answer

☐

41

Interviewer should show Exercise 1 to the respondent and ask him/her to calculate the months of supply. Interviewer should answer the following about the respondents ability to do the sample exercise.

- 24a. Was the stock balance correctly determined? Yes ☐ No ☐
- b. Was the appropriate dispensed to client data collected? Yes ☐ No ☐
- c. Was the correct number of months of dispensed to client data used? Yes ☐ No ☐
- d. Was the AMCR calculated correctly? Yes ☐ No ☐
- e. Was the months of supply calculated correctly? Yes ☐ No ☐

#### DETERMINING ORDER QUANTITIES

25. How frequently are you supposed to place an order?

Monthly at SDP & district (or) quarterly at region ☐

wrong answer ☐

26a. How many orders have you placed using the *Report and Request for Contraceptives/Supplies* form since you participated in the logistics training?

0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐

b. If no order placed, why?

Does not complete for period when no contraceptives dispensed ☐

Does not complete when believes there is no need for additional stock ☐

Does not have form ☐

Too busy to complete routinely ☐

Don't know how ☐

Someone else does it ☐

Have not received all *Report & Request for Contraceptive/Supplies* from the lower level ☐

Other \_\_\_\_\_

- c. Interviewer should observe frequency of ordering by looking at the *Report & Requests for Contraceptives/Supplies*, and note below the frequency observed.

monthly ☐ (SDP & district) other ☐  
 quarterly ☐ (region)

27. What is the formula used to determine order quantity ?

Maximum quantity level - quantity on hand - quantity on order = quantity to order ☐

wrong answer ☐

Interviewer should show Exercise 2 to the respondent and ask him/her to calculate the order quantity. Interviewer should answer the following about the respondents ability to do the exercise.

- 28a. Was the maximum quantity level calculated correctly? Yes ☐ No ☐  
 b. Was the quantity on hand subtracted? Yes ☐ No ☐  
 c. Was the correct quantity on hand used? Yes ☐ No ☐  
 d. Was the quantity on order subtracted? (no is correct answer) No ☐ Yes ☐  
 e. Was the quantity to order calculated correctly? Yes ☐ No ☐

29. What are the maximum and minimum stock levels for your facility?

Level	MAXIMUM MONTHS OF SUPPLY	MINIMUM MONTHS OF SUPPLY
SDP (NFPP only)	3	2
DISTRICT	3	2
REGION	7	4

responded correctly for level ☐

wrong answer ☐

30. What steps do you take when you want to place an order?

Calculate the quantity to order and complete the *Report & Request for Contraceptives/Supplies* form

☐

wrong answer

☐

31. How do you place an emergency order?

You complete a *Report & Request for Contraceptives/Supplies* form as you would for a routine order and write the words "EMERGENCY ORDER" at the top. If possible, call or fax the order in ahead of the order form.

☐

wrong answer

☐

## STORAGE

32. What is the shelf life of condoms?

5 years

☐

wrong answer

☐

33. What is the shelf life of the IUD Copper T-380A?

7 years

☐

wrong answer

☐

34. Name the ten storage guidelines.

Clean store regularly.

☐

Store contraceptives in dry place out of direct sunlight.

☐

Secure store from water damage.

☐

Assure fire equipment is available.

☐

Store condoms away from electric motors and florescent lights.

☐

Stack contraceptives 10 cms from floor and no more than 2.5 meters high.

☐

Arrange cartons/boxes so as to see expiry dates

☐

Store contraceptives to follow FEFO

☐

Store contraceptives separate from insecticides, chemicals, petrol, etc.

☐

Separate and dispose of expired contraceptives.

☐

Other

☐



35. Interviewer, observe storage area against the following guidelines:

GUIDELINE	YES	NO
a. Storage area is clean.		
b. Cartons/boxes have been placed to avoid existing or possible water damage.		
c. Contraceptives stored out of direct sunlight.		
d. Condoms are stored away from electric motors and florescent lights.		
e. Commodities are at least 10 cms from floor (4 inches).		
f. Commodities are stacked no higher than 2.5 meters (8 feet)		
g. Cartons and boxes are clearly marked with expiry dates.		
h. Commodities are arranged to follow FEFO.		
i. Commodities are stored away from insecticides, chemicals, old files, office supplies, etc.		
j. Expired/damaged commodities have been separated from usable stock.		
k. Expired/damaged stock has been marked as unusable.		

#### MONITORING & SUPERVISION

36. What are the essential logistics-related supervisory activities that you learned in training?

- Review all records/reports ☐
- Check if storage guidelines are being followed ☐
- Provide on-the-job training as needed ☐
- Other answer given ☐

**For NFPP district level only. Skip to question XX if other.**

37a. Are you able to visit all the SDPs you supervise every month? Yes ☐ No ☐

b. If no, how many are you able to visit?

more than half of the SDPs ☐ exactly half ☐ less than half ☐

UB

Ask at SDP and district levels:

38. How many visits has your supervisor made in the last 5 months (Morogoro, Mbeya, Iringa)?  
" " " " " " in the last 7 months (Dodoma)?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ >6 ☐

39. During your supervisor's visit, what logistics-related supervisory activities did he/she do?

Review all records/reports ☐

Check if storage guidelines are being followed ☐

Provide on-the-job training as needed ☐

Other answer given ☐

#### ACTION PLANS

- 40a. Do you have a copy of the Action Plan you completed during training?

Yes ☐ No ☐

Interviewer ask to see a copy of the Action Plan completed in training.

b. Does a copy exist? Yes ☐ No ☐

41. Have you shared your Action Plan with your supervisor? Yes ☐ No ☐

- 42 a. Have you been able to make progress in implementing actions in your Action Plan?

Yes ☐ No ☐

b. If not, why not?

No time ☐

No cooperation ☐

Forgot about it ☐

Other ☐

c. If yes, what have you been able to do?

Re-organize my storage area

☐

Maintain inventory records

☐

Keep supply levels within max-min

☐

Order and report on schedule

☐

Coordinate transport of supplies with EPI

☐

Conduct regular supervisory visits

☐

Teach SDP personnel how to complete inventory records

☐

**TANZANIA TRAINING EVALUATION  
DISTRICT EXERCISE 1**

**INVENTORY RECORD**

Commodity Number		<i>Condoms</i> Description of commodity			Special conditions needed	
Standard amount to order				Special instructions for ordering		
Unit used <i>pieces</i>		Maximum months of supply <i>3 months</i>		Minimum months of supply <i>2 months</i>		Storage location
Date	Transaction Reference	Quantity Received	Quantity Issued	Adjustments (losses, returns)	Quantity on hand	Quantity on order
<i>1-4-95</i>	<i>B/F</i>				<i>3000</i>	<i>12,000</i>
<i>3-4-95</i>	<i>Busale</i>		<i>1500</i>		<i>1500</i>	
<i>10-4-95</i>	<i>Mbeya Reg</i>	<i>12,000</i>			<i>13,500</i>	<i>0</i>
<i>17-4-95</i>	<i>Isongole</i>		<i>1000</i>		<i>12,500</i>	
<i>26-4-95</i>	<i>Chalangwa</i>		<i>2000</i>		<i>10,500</i>	
<i>28-4-95</i>	<i>Kiwira</i>		<i>1500</i>		<i>9000</i>	

The SDPs in this district have dispensed the following amounts of condoms in the last six months:

**Total Condoms Dispensed in District**

October	4567
November	4325
December	4876
January	4123
February	5111
March	4712

**INSTRUCTIONS**

**Calculate the number of months of supply of condoms in  
Mambo District facility on 28 April 1995.**

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TANZANIA TRAINING EVALUATION  
DISTRICT EXERCISE 1  
ANSWER SHEET

$$\text{Months of Supply} = \frac{\text{Stock on Hand}}{\text{Average monthly consumption rate (AMCR)}}$$

1. In the exercise, the stock on hand on 28 April 1995 is 9000 pieces of condoms.
2. The average monthly consumption rate is

Total Condoms Dispensed in District

October	4567
November	4325
December	4876
January	4123
February	5111
March	<u>4712</u>
27,714 ÷ 6 = 4619	

A six month average is used to calculate the AMCR because there is no increasing or decreasing trend noted.

3. Months of Supply of Condoms =  $9000 \div 4619 = 1.9$  months of supply of condoms

TANZANIA TRAINING EVALUATION  
DISTRICT EXERCISE 2

**REPORT & REQUEST FOR CONTRACEPTIVES/SUPPLIES**

Region: \_\_\_\_\_ District: \_\_\_\_\_

Facility Type/Name: \_\_\_\_\_

Report for Period Beginning \_\_\_\_\_, 19\_\_\_\_ Ending \_\_\_\_\_, 19\_\_\_\_

Contraceptive	Beginning Balance	Received This Period	Issued	Losses	Ending Balance	Quantity Needed	Dispensed to Clients
Condoms							

Prepared by: \_\_\_\_\_

Explanation of losses

Checked by: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**INSTRUCTIONS**

Using the information provided in Exercise 1 for the district facility, calculate the quantity of condoms to order at the end of April and complete the *Report & Request for Contraceptives/Supplies* form above.

TANZANIA TRAINING EVALUATION  
DISTRICT EXERCISE 2  
ANSWER SHEET

**Maximum quantity level** - **quantity on hand** - **quantity on order** = **quantity to order**

1. Maximum quantity level = maximum x average monthly consumption rate (AMCR)

At the district the maximum is 3 months and in the exercise the AMCR is 4619.

Maximum quantity level = 3 x 4619 = 13,857

2. Maximum quantity level - quantity on hand - quantity on order = quantity to order

13,857 - 9000 - 0 = 4857 pieces of condoms

**REPORT & REQUEST FOR CONTRACEPTIVES/SUPPLIES**

Region: Mbeya District: Mambo  
Facility Type/Name: Mambo District NFPP Storeroom  
Report for Period Beginning 1 March, 1995 Ending 31 March, 1995

Contraceptive	Beginning Balance	Received This Period	Issued	Losses	Ending Balance	Quantity Needed	Dispensed to Clients
Condoms	3000	12,000	6000	0	9000	4857	4712

TANZANIA TRAINING EVALUATION  
REGIONAL EXERCISE 1

INVENTORY RECORD						
Commodity Number		Condoms Description of commodity		Special conditions needed		
Standard amount to order				Special instructions for ordering		
Unit used <i>pieces</i>		Maximum months of supply <i>7 months</i>		Minimum months of supply <i>4 months</i>	Storage location	
Date	Transaction Reference	Quantity Received	Quantity Issued	Adjustments (losses, returns)	Quantity on hand	Quantity on order
-1-95	B/F				168,000	126,000
-9-95	Mbarali		12,000		156,000	
-16-95	Rungwe		12,000		144,000	
-23-95	Mbeye Rural		12,000		132,000	
-30-95	Chunya		24,000		108,000	
-30-95	Mbeye Urban		36,000		72,000	
-3-95	Central Warehouse	126,000			198,000	
-6-95	Mbarali		12,000		186,000	
-13-95	Rungwe		12,000		174,000	
-20-95	Chunya		6,000		168,000	
-27-95	Mbeye Rural		12,000		156,000	
-27-95	Mbeye Urban		24,000		132,000	
-3-95	Mbarali		6,000		126,000	
3-3-95	Chunya		12,000		114,000	
3-3-95	Mbeye Urban		18,000		96,000	
7-3-95	Rungwe		12,000		84,000	
4-95	Mbeye Rural		12,000		72,000	
3-4-95	Mbarali		6,000		66,000	
7-4-95	Chunya		6,000		60,000	

Explanation for adjustments



TANZANIA TRAINING EVALUATION  
REGIONAL EXERCISE 1

The SDPs in all the districts in Mbeye Region have dispensed the following amounts of condoms in the last six months:

Total Condoms Dispensed in Region

October	24,567
November	24,325
December	24,876
January	24,123
February	25,111
March	24,712

**INSTRUCTIONS**

**Calculate the number of months of supply of  
condoms in Mbeye Region on 17 April 1995.**

TANZANIA TRAINING EVALUATION  
REGIONAL EXERCISE 1  
ANSWER SHEET

$$\text{Months of Supply} = \frac{\text{Stock on Hand}}{\text{Average monthly consumption rate (AMCR)}}$$

1. In the exercise, the stock on hand on 17 April 1995 is 60,000 pieces of condoms.
2. The average monthly consumption rate is

Total Condoms Dispensed in Region

October	24,567
November	24,325
December	24,876
January	24,123
February	25,111
March	<u>24,712</u>
147,714 ÷ 6 = 24,619	

A six month average is used to calculate the AMCR because there is no increasing or decreasing trend noted.

3. Months of Supply of Condoms =  $60,000 \div 24,619 = 2.4$  months of supply of condoms

TANZANIA TRAINING EVALUATION  
REGIONAL EXERCISE 2

**REPORT & REQUEST FOR CONTRACEPTIVES/SUPPLIES**

Region: \_\_\_\_\_ District: \_\_\_\_\_

Facility Type/Name: \_\_\_\_\_

Report for Period Beginning \_\_\_\_\_, 19\_\_\_\_ Ending \_\_\_\_\_, 19\_\_\_\_

Contraceptive	Beginning Balance	Received This Period	Issued	Losses	Ending Balance	Quantity Needed	Dispensed to Clients
Condoms							

Prepared by: \_\_\_\_\_

Explanation of losses \_\_\_\_\_

Checked by: \_\_\_\_\_

Date: \_\_\_\_\_

**INSTRUCTIONS**

Using the information provided in Exercise 1 for the regional facility, calculate the quantity of condoms to order at the end of the quarter January - March 1995 and complete the *Report & Request for Contraceptives/Supplies* form above.

TANZANIA TRAINING EVALUATION  
REGIONAL EXERCISE 2  
ANSWER SHEET

**Maximum quantity level**      -      **quantity on hand**      -      **quantity on order**      =      **quantity to order**

1.      Maximum quantity level = maximum      x      average monthly consumption rate (AMCR)

At the region the maximum is 7 months and in the exercise the AMCR is 24,619.

Maximum quantity level =      7 x 24,619 =      172,333

2.      Maximum quantity level      -      quantity on hand      -      quantity on order      =      quantity to order

172,333      -      60,000      -      0      =      112,333 pieces of condoms

**REPORT & REQUEST FOR CONTRACEPTIVES/SUPPLIES**

Region: Mbeya      District: \_\_\_\_\_

Facility Type/Name: Mbeya Regional NFPP Storeroom

Report for Period Beginning 1 January, 1995      Ending 31 March, 1995

Contraceptive	Beginning Balance	Received This Period	Issued	Losses	Ending Balance	Quantity Needed	Dispensed to Clients
<i>Condoms</i>	<i>168,000</i>	<i>126,000</i>	<i>234,000</i>	<i>0</i>	<i>60,000</i>	<i>112,333</i>	<i>73,946</i>

## Annex E

### Central Level Questionnaire

## ANNEX E

### CENTRAL LEVEL QUESTIONNAIRE

Family Planning Unit: DR. SIMBAKALIA; DR. SANGA; DANIEL

National AIDS Control Programme: DR. SWAI; MIKIDADI

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1. Have you been able to observe any of the regional logistics training courses?

Yes ☐

No ☐

**If no, skip to question 4.**

2. If yes, which one/s did you observe and how much did you observe?

Dodoma	<input type="checkbox"/>	≤ 1 day <input type="checkbox"/>	>1 day, but not entire course <input type="checkbox"/>	all 5-days <input type="checkbox"/>
Morogoro	<input type="checkbox"/>	≤ 1 day <input type="checkbox"/>	>1 day, but not entire course <input type="checkbox"/>	all 5-days <input type="checkbox"/>
Mbeya	<input type="checkbox"/>	≤ 1 day <input type="checkbox"/>	>1 day, but not entire course <input type="checkbox"/>	all 5-days <input type="checkbox"/>
Iringa	<input type="checkbox"/>	≤ 1 day <input type="checkbox"/>	>1 day, but not entire course <input type="checkbox"/>	all 5-days <input type="checkbox"/>
Rukwa	<input type="checkbox"/>	≤ 1 day <input type="checkbox"/>	>1 day, but not entire course <input type="checkbox"/>	all 5-days <input type="checkbox"/>
Mwanza	<input type="checkbox"/>	≤ 1 day <input type="checkbox"/>	>1 day, but not entire course <input type="checkbox"/>	all 5-days <input type="checkbox"/>
Shinyanga	<input type="checkbox"/>	≤ 1 day <input type="checkbox"/>	>1 day, but not entire course <input type="checkbox"/>	all 5-days <input type="checkbox"/>

3. How would you improve the training that is being provided to regional and district NFPP/NACP personnel?

Extend the length of the workshop ☐

Give more exercises ☐

Test participants knowledge more frequently ☐

Provide more opportunity to practice skills ☐

Does not need to be improved ☐

Other:

4. How well do you feel the logistics training has prepared the NFPP/NACP personnel to implement the improved logistics system?

Not adequately ☐

Adequately ☐

5. How well do you think the logistics training activities are being managed?

Very well ☐

Adequately ☐

Not very well ☐

6. What could be done to improve the management of the logistics training activities?

7. How well do you feel IDM is doing in completing the terms of reference of their contract?

Very well ☐

Adequately ☐

Not very well ☐

8. Have you observed any improvements in the logistics systems in those regions which have received logistics training?

Yes ☐

No ☐

If no, skip to question 10.

9. If yes, what improvements have you noticed?

Less stockouts ☐

Less overstocking ☐

Fewer expired/damaged commodities ☐

Personnel taking appropriate actions to dispose of expired/damaged commodities ☐

Improved storage conditions ☐

Forms being completed more frequently ☐

Forms being completed more accurately ☐

Improved supervision and monitoring ☐

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10. Have you observed any improvements in the central level logistics system over the last year?

Yes ☐ No ☐

If no, skip to question 12.

11. If yes, what improvements have you observed?

Improved central warehouse management	<input type="checkbox"/>
Adequate stock levels	<input type="checkbox"/>
Regular schedule of deliveries	<input type="checkbox"/>
National stock information available	<input type="checkbox"/>
Improved communication between central level and regions	<input type="checkbox"/>
Improved coordination	<input type="checkbox"/>
More frequent supervision from central level	<input type="checkbox"/>
Other:	

12. In your opinion, what is the single most important aspect of the logistics system that needs to be improved?

<input type="checkbox"/>	Storage conditions
<input type="checkbox"/>	Transport
<input type="checkbox"/>	Stockouts
<input type="checkbox"/>	Overstocking
<input type="checkbox"/>	Filling and processing of forms
<input type="checkbox"/>	Communication between central and regional levels
<input type="checkbox"/>	Communication between regional and district levels
<input type="checkbox"/>	Communication between district and SDP levels
<input type="checkbox"/>	Overall coordination between all levels
<input type="checkbox"/>	Supervision and monitoring
<input type="checkbox"/>	Other: _____

13. Other than the activities that are currently being carried out, what can be done to ensure that regional and district level personnel are implementing the improved logistics system?



## Annex F

### Stock/Reporting Frequency Questionnaire

ANNEX F

STOCK QUESTIONNAIRE

Facility: \_\_\_\_\_

Region: \_\_\_\_\_ District: \_\_\_\_\_

Commodity	Stock on Hand <sup>1</sup>	Mark with a check if any stockouts in the last 6 months?	If stockout, what was the duration?	Quantity of Expired/Damaged
Microgynon				
Lo-Femenal				
Marvelon				
Microlut				
Microval				
Depo-Provera				
Norplant				
Copper T IUCD				
Condoms				
Foaming Tablets				

<sup>1</sup> To determine "Stock on Hand" count the quantities of usable stock for each brand of contraceptive at a NFPP facility and for condoms only at NACP facilities.

## REPORTING FREQUENCY

Facility: \_\_\_\_\_

Region: \_\_\_\_\_

District: \_\_\_\_\_

Number of SDPs / districts in this district / region: \_\_\_\_\_

Month	# SDPs or Districts Reporting
November	
December	
January	
February	
March	
April	

## Annex G

Stockouts (last 6 months)

# ANNEX G

## STOCKOUTS (January 1 - June 1, 1995)

### NATIONAL FAMILY PLANNING PROGRAMME

Contraceptive & Program Level	No. of Stockouts	Total Duration (in days)	Average Duration (in days)
Microgynon			
Region	1	30	30
District	4	74	19
SDP	5	54	11
Lo-Femenal			
Region	0	0	0
District	0	0	0
SDP	6	56	9
Marvelon			
Region	2	174	87
District	8	409	51
SDP	3	19	6
Microlut			
Region	0	0	0
District	2	28	14
SDP	0	0	0
Microval			
Region	0	0	0
District	2	63	32
SDP	1	4	4

Contraceptive & Program Level	No. of Stockouts	Total Duration (in days)	Average Duration (in days)
Depo-Provera®			
Region	1	30	30
District	14	363	26
SDP	7	89	13
Copper T 380A			
Region	0	0	0
District	0	0	0
SDP	2	2	1
Condoms			
Region	1	30	30
District	6	276	46
SDP	1	118	118
Vaginal Tablets			
Region	0	0	0
District	2	49	25
SDP	0	0	0

#### NATIONAL AIDS CONTROL PROGRAMME

Commodity & Program Level	No. of Stockouts	Total Duration (in days)	Average Duration (in days)
Condoms			
Region	1	33	33
District	6	1040	173

# Annex H

## Reporting Frequencies

ANNEX H  
REPORTING FREQUENCIES  
(January - April 1995)

NATIONAL FAMILY PLANNING PROGRAMME

District Reports to Region	
Iringa	17 %
Mbeya	84 %
Morogoro	20 %
Dodoma	45 %

SDP Reports to Districts		
Iringa	Iringa North & South	17 %
	Njombe	56 %
	Makete	63 %
	Mufindi	64 %
Mbeya	Ileje	80 %
	Mbozi	56 %
	Kyela	24 %
	Rungwe	39 %
	Chunya	0 %
	Rural	32 %
Morogoro	Urban	77 %
	Kilosa	0 %
	Rural South	22 %
	Rural North	0 %
Dodoma	Rural West	51 %
	Rural East	51 %
	Kondoa	44 %
	Urban	42 %
	Mpwapwa	18 %
Overall Average		39 %

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ANNEX H  
REPORTING FREQUENCIES  
(January - April 1995)

NATIONAL AIDS CONTROL PROGRAMME

District Reports to Region	
Iringa	29 %
Mbeya	22 %
Morogoro	0 %
Dodoma	N/A

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# Annex I

## Summary of Findings

## TANZANIA TRAINING EVALUATION SUMMARY OF FINDINGS

### National Family Planning Programme Regional & District Level Personnel

**Note:** The numbers below correspond to the numbers of the questions on the interview questionnaire. Missing numbers are for questions that do not apply to the category of personnel for the particular table. While a synopsis is given in most instances under the remarks, please refer to the questionnaire for the complete question.

National Family Planning Programme Regional & District Level Personnel			
	Total	Percentage	Remarks
NFPP	32		This is the number of NFPP regional and district level personnel interviewed in the four evaluation regions. All had received logistics training and were respondents to the questions below.
Region	8		
District	24		
1 - When/Where			This is the breakdown of where 30 of the 32 personnel described above received logistics training. 2 persons interviewed work in these regions, but received their training in Rukwa.
Dodoma	8	25%	
Morogoro	7	22%	
Mbeya	6	19%	
Iringa	9	28%	
2 - Other Training			This indicates the number of training courses of any type respondents attended after receiving logistics training. This loosely indicates time away from post during which respondents would not be practicing what they learned during training. It had been assumed that personnel spend significant time away from their jobs attending training courses. While this was the case for a few participants, most had not been away at training for more than one course.
0	13	41%	
1	12	38%	
2	3	9%	
>2	4	13%	
3 - How Prepared			This indicates the respondents' opinions about how well they felt the logistics training had prepared them to undertake their logistics responsibilities at the time of the interview.
Very well	26	81%	
Adequately	6	19%	
Not at all	0	0%	

National Family Planning Programme Regional & District Level Personnel			
	Total	Percentage	Remarks
4a - have handouts	32	100%	This series of questions looks at how much participants referred to and used the materials provided to them during training. The results indicate that all participants valued the materials enough to keep them and that all but 1 used them on a regular basis in conducting their logistics responsibilities. The handouts most often referred to are those that provide information on completing a form or formulas for doing required calculations. These results point to the expected acceptability and usefulness of the job reference manual.
4b - handout access	27	84%	
4c - use handouts	31	97%	
4d - which handouts			
responsibilities	1	3%	
ddd steps	11	34%	
iss vchr steps	2	6%	
inv rec steps	15	47%	
actions req	1	3%	
r&r steps	15	47%	
phys inv steps	2	6%	
amcr steps	10	31%	
mos formula	3	9%	
max/min levels	1	3%	
max formula	2	6%	
order qty formula	14	44%	
store guides	11	34%	
shelf life	3	9%	
supervision guide.	3	9%	
other	2	6%	
5-HMIS TRAINING	14	44%	14 respondents had attended HMIS training before logistics training. All of these were in Iringa or Mbeya Regions. In some cases, participants who had taken HMIS and logistics training were more competent in completing logistics forms.
5b - before	14	44%	
5b - after	0	0%	
6 - levels = 4	30	94%	of respondents knew that there are 4 levels in the Tanzania logistics pipeline.
7 - how frequently			This indicates if respondents knew the order interval for their level in the pipeline. All regional respondents answered correctly. 88% of district respondents answered correctly.
region - qtrly	8	100%	
district - monthly	21	88%	
8 - six rights			Of the 32 respondents, these figures represent how many could recall each of the 6 rights of logistics.
goods	17	53%	
quantity	15	47%	
condition	15	47%	
place	15	47%	
time	24	75%	
cost	3	9%	

National Family Planning Programme Regional & District Level Personnel			
	Total	Percentage	Remarks
11 - use inv record	32	100%	All 32 respondents said that they use an inventory record to account for contraceptives.
11a - why not			
don't have	0	0%	
no time	0	0%	
don't know	0	0%	
someone else	0	0%	
other	0	0%	
13a - inv rec exist	31	97%	<p>Of the 32 respondents, 31 were able to show the interviewers an inventory record. The one respondent who is not included in this figure had an inventory record, but had not been completing it and therefore it is not included in these results.</p> <p>The percentages here are based on a denominator of the 31 records seen.</p> <p>The average percentage of these characteristics plus characteristic "o" below is 92% correct as an indication of the quality of the inventory records seen.</p> <p>A total 29 of the 31 inventory records either recorded adjustments or had no need to record any adjustments. 21 of the 24 with adjustments had explanations for their adjustments.</p> <p>"Order quantity recorded" represents the number of respondents who entered a number in the "Quantity On Order" column. However, the majority of respondents were not calculating orders using the order formula, so these quantities are not based on stock or use data.</p> <p>The "quantities" and "order date match" are those few cases when an order on an R &amp; R could be compared with the inventory record. These order quantities were also not based on data recorded.</p>
b - inv rec for all brand	31	100%	
c - unit filled in	29	94%	
d - unit correct	29	94%	
e - max mos filled	27	87%	
f - max mos correct	27	87%	
g - min mos filled	27	87%	
h - min mos correct	27	87%	
i - date filled	31	100%	
j - transact ref filled	29	94%	
k - phys inv recorded	25	81%	
l - adjust recorded	24	77%	
no adj neces. (NA)	5	16%	
m - adj explained	21	88%	
n - ord qty recorded	7	23%	
no order made (NA)	3	10%	
o - math correct	30	97%	
p - qtys match	9	29%	
cannot compare (NA)	13	42%	
q - order dates match	5	16%	
cannot compare (NA)	22	71%	

National Family Planning Programme Regional & District Level Personnel			
	Total	Percentage	Remarks
14-use Iss Vchr	15	47%	Fewer than half of respondents use issue vouchers. Those who didn't said that they were not able to obtain the vouchers from local authorities. Many of those using vouchers are doing so in a way to conserve them, often not sending copies with shipments, but waiting until all lines on a voucher are used before sending a copy to the recipient.
14a - why not			
don't have	17	53%	
no time	0	0%	
don't know	0	0%	
someone else	0	0%	
other	0	0%	
15a - Iss Vchr exist	13	41%	Of those issue vouchers observed, the stock information as compared to inventory records was accurate. However, in only a few cases were interviewers able to observe the return copies of the voucher that actually account for the full transaction. In most cases only a book copy of the original sent and signed by the issuing agent was observed.
b- person ship to	13	100%	
c - Iss Vchr dated	13	100%	
d - brand recorded	13	100%	
e - iss. unit recorded	13	100%	
f - qty issue recorded	11	85%	
g - signatures	11	85%	
h1-return copies	5	38%	
h2 - rt copies marked	5	38%	
i - qty IV = qty IR	13	100%	
no IR to compare	2	15%	
16a - use R&R	29	91%	Most respondents reported that they used the Report & Request for Contraceptives (R & R) form. In all cases, these forms were readily available. Those who did not use them did not because someone else at their facility was responsible for completing them.
16b - why not			
don't have	0	0%	
no time	0	0%	
don't know	0	0%	
someone else	1	3%	
other	0	0%	
16c - when RR comp	29	91%	knew when they R & R forms should be completed.
17a- complete R&R	27	84%	When asked if they routinely complete the R & R, 84 % reported that they did. Others did not because of incomplete data from lower levels. Dealing with incomplete data is an area to be added to the revised curriculum.
17b - why not			
no contracp dispens	0	0%	
no need for order	0	0%	
another order inter	0	0%	
too busy	0	0%	
no lower level R&R	4	13%	
other	1	3%	

National Family Planning Programme Regional & District Level Personnel			
	Total	Percentage	Remarks
18a - R&R exist	30	94%	30 of the 32 respondents were able to show interviewers their completed R & Rs. Of the 30 sets of R & R seen the attributes (b - f) were noted, all of which relate to stock. Losses and month to month balances were not very accurate. Though not noted here, most R & R forms did not contain "Quantity needed" or "Dispensed to Client" information on them. In general respondents were unable to complete these columns because they did not know what to do if they receive incomplete data from lower levels or did not have six months data to calculate AMCR.
b - balances = IR	21	70%	
c - losses = IR	8	27%	
d - received = IR	26	87%	
e - issued = IR	16	53%	
f - beg bal = last bal	20	67%	
19a know dispensed	29	91%	Most respondents could tell interviewers how to aggregate dispensed to client data for their level, but few (19%) had actually done it or done it correctly on their R & Rs.
b - dispensed right	6	19%	
21a-suppose phys in			Most respondents knew when they were suppose to conduct a physical inventory. Some regional level respondents even thought they should do them monthly rather than the required quarterly at the regional level.
never	0	0%	
weekly	0	0%	
monthly	27	84%	
quarterly	5	16%	
annually	0	0%	
whenever	0	0%	
other	0	0%	
21b - conduct phys in			While most respondents knew when to conduct physical inventories, 3 of the 32 responded that they were not conducting them regularly.  When asked, 90% of respondents said they conducted physical inventories quarterly, monthly, or more frequently.
never	0	0%	
weekly	1	3%	
monthly	25	78%	
quarterly	3	9%	
annually	0	0%	
whenever	1	3%	
other	2	6%	
c - phys in recorded	26	81%	While 90% claimed to be conducting regular inventories, 81% recorded their inventories in their inventory records, and only 69% did so at the required frequency for their level.
d - freq phys in record	22	69%	
22 - determine MOS	14	44%	knew the formula for calculating months of supply.
23a - calc AMCR	14	44%	Less than half of respondents say that they calculate their average monthly consumption rate regularly. The main reasons for not doing so on a regular basis are a lack of data from all lower level facilities and less than six months data. Both these issues should be covered in the revised curriculum.
b - why not			
don't know	5	16%	
not necessary	0	0%	
no time	0	0%	

National Family Planning Programme Regional & District Level Personnel			
	Total	Percentage	Remarks
not all info	6	19%	
someone else	2	6%	
other	2	6%	
c - how calc AMCR	25	78%	could tell interviewers how to calculate the average monthly consumption rate.
24a-stock bal correct	19	59%	When given an exercise where they had to determine the number of months of supply on hand, only 50% of respondents calculate the correct answer. While as many as 84% could calculate the correct AMCR, many respondents did not know what to do with that information to arrive at months of supply.
b-dispensed correct	14	44%	
c-num mos correct	27	84%	
d-AMCR calc correct	27	84%	
e-MOS calc correct	16	50%	
25-freq suppose ord	31	97%	knew how often to place an order.
26a- how many order			These figures actually represent the numbers of Report & Request for Contraceptives forms completed and, in most cases, submitted. The majority, however, did not contain order information based on the stock and use data available.
0	4	13%	
1	8	25%	
2	6	19%	
3	3	9%	
4	6	19%	
5	3	9%	
6	2	6%	
7	0	0%	
26b - no order, why			As noted above, respondents did not know how to calculate their orders with incomplete data.
no contra.dispensed	0	0%	
no stock needed	0	0%	
no form	0	0%	
too busy	0	0%	
don't know how	0	0%	
someone else	0	0%	
no all lower R&R	4	13%	
27- formula order qty	16	50%	knew the formula for calculating order quantity.
28a - max qty correct	23	72%	When given an exercise where they had to calculate the quantity to order, 63% of respondents were able to calculate the correct quantity.
b-qty on hand subtr	23	72%	
c-qty on hand correct	24	75%	
d-qty on order subtr	18	56%	
f-qty to order correct	20	63%	



National Family Planning Programme Regional & District Level Personnel			
	Total	Percentage	Remarks
29-max/min correct	30	94%	knew the max/min levels for their level in the system.
30-how place order	15	47%	Could tell you the steps in placing an order and an emergency order.
31-how place emergency order	8	25%	
32-shelf life condoms	26	81%	Most knew the shelf life of condoms. The low figure for IUDs is of less concern as they are marked with expiration date.
33-shelf life IUD	14	44%	
34-store guidelines			Each figure represents the number of respondents who could state the particular storage guideline.  "Other" storage guidelines most often stated were "warehouses should be well lite and well ventilated."
clean	15	47%	
dry out of sun	11	34%	
secure from water	13	41%	
fire equip	5	16%	
away from motors	5	16%	
10cms/2.5meters	30	94%	
see expiry dates	26	81%	
FEFO	28	88%	
store from insect, etc.	4	13%	
separate/dispo exp	17	53%	
other	21	66%	
35- observe storage			Observed storage conditions were generally quite good, with the indicated number of storerooms managed in accordance with each guideline. The last two attributes (j&k) should be disregarded, as many facilities did not have expired stock and therefore could not be evaluated.
a-clean	29	91%	
b-avoid water	26	81%	
c-out of sun	31	97%	
d-away from motors	29	91%	
e-10cm from floor	29	91%	
f-no higher 2.5 m	29	91%	
g-expiry dts marked	26	81%	
h-arranged for FEFO	23	72%	
i-away frm chemicals	22	69%	
j-expired separate	8	25%	
k-expired marked	7	22%	
36-supervisory act.			Respondents could generally list the 3 supervisory activities that should be done in a visit.
review records	30	94%	
check storage	24	75%	
OJT	25	78%	
other	12	38%	

National Family Planning Programme Regional & District Level Personnel			
	Total	Percentage	Remarks
37a-visit SDP mont	8	33%	Less than half of district personnel stated that they were able to visit their SDPs monthly. This has serious implications for the functioning of the logistics system. Monthly visits to SDPs have to be emphasized in the workshop.
b-if no, how many	0	0%	
more than half	10	42%	
half	3	13%	
less than half	2	8%	
38-how many visits			This question represents the supervisory visits received by the 24 district level staff only. The fact that more than 50% of respondents had not had a supervisory visit in the last six months has serious implications for the effective functioning of the logistics system.
0	14	58%	
1	3	13%	
2	4	17%	
3	1	4%	
4	0	0%	
5	2	8%	
6	0	0%	
>6	0	0%	
39-supervisor visit			The respondents who had received supervisory visits reported that these were the frequency of supervisory activities undertaken during these visits.
review records	10	100%	
check storage	8	80%	
OJT	7	70%	
other	1	10%	
40a - have action plan	30	94%	Most respondents had their action plans and felt that they had been able to accomplish the activities on their plans. This points out the importance of completing a thorough action plan that participants can refer to once back on the job.
b-copy exist	24	75%	
41-shared act. plan	10	31%	
42a -plan progress	31	97%	
b-if not, why			
no time	0	0%	
no cooperation	0	0%	
forgot about it	0	0%	
other	0	0%	
c-what able to do			
reorganize store	23	72%	
inventory records	16	50%	
max-min	1	3%	
order/report	14	44%	
coord. transport	4	13%	
conduct supervision	16	50%	
teach SDP staff	19	59%	

## National Family Planning Programme SDP Level Personnel

National Family Planning Programme SDP Level Personnel			
	Totals	Percentage	Remarks
SDP	16		SDP personnel were interviewed to determine how well information is being transferred from the district personnel who receive logistics training to the SDP personnel they supervise.
5a-HMIS TRAINING	8	50%	Half of the SDP personnel had received HMIS training. These respondents were in Iringa and Mbeya Regions.
5b - before	8	50%	
5b - after	0	0%	
9a - use day book	16	100%	All SDP respondents used the Day-To-Day Book.
9b - why not			
don't have	0	0%	
no time	0	0%	
don't know	0	0%	
someone else	0	0%	
other	0	0%	
10a - day book exist	16	100%	Most Day-to-Day Books were completed well. None of the SDPs had Summary Table 3 to complete. However, a few of the SDPs that had received HMIS training had HMIS Statistics Book 3. This book contains a form on page 20 which is very similar to Summary Table 3. SDP personnel were completing this instead of Summary Table 3.
b - all dates	16	100%	
c - all names	16	100%	
d - all client nums	15	94%	
e - new/continuing	15	94%	
f - correct units	14	88%	
g - column tots exist	10	63%	
h - correct column totals	10	63%	
i - transfer dispense info to inv record	14	88%	
j - tbl 3 exist	6	38%	
k - tbl 3 completed	6	38%	As no one was completing Summary Table 3, these are the numbers of personnel completing the comparable table in MCH Statistics Book 3.
l - tlb 3 correct	5	31%	
11 - use inv record	16	100%	All SDPs use Inventory Records.
11a - why not			
don't have	0	0%	
no time	0	0%	
don't know	0	0%	
someone else	0	0%	
other	0	0%	

National Family Planning Programme SDP Level Personnel			
	Totals	Percentage	Remarks
13a - inv rec exist	16	100%	<p>Inventory records were examined at all SDPs visited. The average percentage of these characteristics (b-k) plus characteristic "o" below is 63% correct as an indication of the quality of the inventory records seen. Many of the errors in the max/min were a result of the HMIS training which taught participants to use absolute numbers rather than to indicate levels in months.</p> <p>A total 15 of the 16 inventory records either recorded adjustments or had no need to record any adjustments. 5 of the 15 with adjustments had explanations for their adjustments.</p> <p>"Order quantity recorded" represents the number of respondents who entered a number in the "Quantity On Order" column.</p> <p>The "quantities match" are those few cases when an order on an R &amp; R could be compared with the inventory record.</p>
b - inv rec for all brand	15	94%	
c - unit filled in	12	75%	
d - unit correct	10	63%	
e - max mos filled	10	63%	
f - max mos correct	10	63%	
g - min mos filled	10	63%	
h - min mos correct	10	63%	
i - date filled	16	100%	
j - transact ref filled	12	75%	
k - phys inv recorded	9	56%	
l - adjust recorded	7	44%	
no adj neces. (NA)	8	50%	
m - adj explained	5	31%	
n - ord qty recorded	0	0%	
no order made (NA)	8	50%	
o - math correct	12	75%	
p - qtys match	2	13%	
cannot compare (NA)	12	75%	
q - order dates match	0	0%	
cannot compare (NA)	15	94%	
18a - R&R exist	11	69%	<p>11 of the 16 respondents were able to show interviewers their completed R &amp; Rs. Of the 11 sets of R &amp; R seen, the attributes (b - f) were noted, all of which relate to stock.</p> <p>As district level staff are responsible for completing the SDP R &amp; Rs, the quality of these reports reflects on district staff capabilities.</p>
b - balances = IR	9	82%	
c - losses = IR	4	36%	
d - received = IR	11	100%	
e - issued = IR	9	82%	
f - beg bal = last bal	8	73%	

National Family Planning Programme SDP Level Personnel			
	Totals	Percentage	Remarks
<b>21a- when suppose to conduct phys inventory</b>			When asked, 9 of the 16 respondents knew when they were suppose to complete physical inventories.
never	1	6%	
weekly	1	6%	
monthly	9	56%	
quarterly	0	0%	
annually	0	0%	
whenever	0	0%	
other	0	0%	
<b>21b- do conduct physical inventory</b>			9 of the 16 respondent said that they conducted physical inventories monthly, the correct interval for this level.
never	1	6%	
weekly	1	6%	
monthly	9	56%	
quarterly	0	0%	
annually	0	0%	
whenever	1	6%	
other	1	6%	
<b>c - physical inventory recorded</b>	<b>8</b>	<b>50%</b>	On examining their inventory records, 8 of the 16 SDPs recorded their physical inventories, but only 6 of the 16 recorded monthly physical inventories.
<b>d - freq physical inventory recorded</b>	<b>6</b>	<b>38%</b>	
<b>26a- how many order</b>			These figures actually represent the numbers of Report & Request for Contraceptives forms completed and in most cases submitted. The majority, however, did not contain order information based on the stock and use data available.
0	1	6%	
1	0	0%	
2	2	13%	
3	1	6%	
4	5	31%	
5	0	0%	
6	1	6%	
7	0	0%	
<b>26c - freq ordering</b>	<b>8</b>	<b>50%</b>	knew that they should order monthly.
<b>32-shelf life condoms</b>	<b>1</b>	<b>6%</b>	knew these contraceptive shelf lives.
<b>33-shelf life IUD</b>	<b>0</b>	<b>0%</b>	
<b>34-store guidelines</b>			Each figure represents the number of respondents who could state the particular storage guideline.
clean	1	6%	
dry, out of sun	2	13%	
secure from water	4	25%	
fire equip	0	0%	
away from motors	0	0%	

National Family Planning Programme SDP Level Personnel			
	Totals	Percentage	Remarks
10cms/2.5meters	2	13%	
see expiry dates	1	6%	
FEFO	1	6%	
store from insect, etc.	0	0%	
separate/dispo exp	1	6%	
other	3	19%	
<b>35- observe storage</b>			Observed storage conditions were generally good, with the indicated number of storerooms managed in accordance with each guideline. The last two attributes (j&k) should be disregarded, as many facilities did not have expired stock and therefore could not be evaluated.
a-clean	12	75%	
b-avoid water	12	75%	
c-out of sun	12	75%	
d-away from motors	11	69%	
e-10cm from floor	12	75%	
f-no higher 2.5 m	12	75%	
g-expiry dts marked	2	13%	
h-arranged for FEFO	4	25%	
i-away frm chemicals	12	75%	
j-expired separate	1	6%	
k-expired marked	0	0%	
<b>38-how many visits</b>			From these figures it appears that there are several SDPs that receive fairly regular supervision, while several that receive no regular supervision. The fact that 4 of the 16 SDPs visited had not received a supervisory visit in the last six months has serious implications for the functioning of the logistics system.
0	4	25%	
1	1	6%	
2	0	0%	
3	0	0%	
4	3	19%	
5	7	44%	
6	0	0%	
> 6	1	6%	
<b>39-supervisor visit</b>			The respondents who has received supervisory visits reported that these were the frequency of supervisory activities undertaken during these visits.
review records	12	100%	
check storage	10	83%	
OJT	12	100%	
other	1	8%	

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## National AIDS Control Programme

NACP			
	Totals	Percents	Remarks
NACP	18		This is the number of NACP regional and district level personnel interviewed in the four evaluation regions. All had received logistics training and were respondents to the questions below.
Region	3	17%	
District	15	83%	
1 - When/Where			This is the breakdown of where the 18 personnel described above who received logistics training.
Dodoma	4	22%	
Morogoro	2	11%	
Mbeya	6	33%	
Iringa	6	33%	
2 - Other Training			This indicates the number of training courses of any type respondents attended after receiving logistics training. This loosely indicates time away from post during which respondents would not be practicing what they learned during training.
0	11	61%	
1	6	33%	
2	1	6%	
> 2	0	0%	
3 - How Prepared			This indicates the respondents' opinions about how well they felt the logistics training had prepared them to undertake their logistics responsibilities at the time of the interview.
Very well	13	72%	
Adequately	5	28%	
Not at all	0	0%	
4a - have handouts	18	100%	This series of questions looks at how much participants referred to and used the materials provided to them during training. The results indicate that all participants valued the materials enough to keep them and that all but 1 used them on a regular basis in conducting their logistics responsibilities. The handouts most often referred to are those that provide information on completing a form or formulas for doing required calculations. These results point to the necessity to produce a job reference manual for NACP.
4b - handout access	15	83%	
4c - use handouts	17	94%	
4d - which handouts			
responsib	0	0%	
dtd steps	0	0%	
iss vchr steps	1	6%	
inv rec steps	4	22%	
actions req	0	0%	
r&r steps	6	33%	
phys inv steps	0	0%	
amcr steps	6	33%	
mos formula	0	0%	
max/min levels	1	6%	
max formula	4	22%	
order qty formula	7	39%	
store guides	9	50%	
shelf life	1	6%	
supervision guide.	4	22%	
other	1	6%	

NACP			
	Totals	Percents	Remarks
5a-HMIS TRAINING	6	33%	6 NACP respondents had attended HMIS training before logistics training. All of these were in Iringa or Mbeya Regions.
5b - before	6	33%	
5b - after	0	0%	
6 - levels = 4	15	83%	of NACP respondents knew that there are 4 levels in the Tanzania logistics pipeline.
7 - how frequently			This indicates if respondents knew the order interval for their level in the pipeline.
region - qtrly	2	67%	
district - monthly	10	67%	
8 - six rights			Of the 18 NACP respondents, these figures represent how many could recall each of the 6 rights of logistics.
goods	9	50%	
quantity	11	61%	
condition	6	33%	
place	6	33%	
time	12	67%	
cost	2	11%	
11 - use inv record	16	89%	16 of the 18 respondents said that they use an inventory record to account for condom supplies. As there were 2 regions without condom supplies for many months, it is remarkable that this many respondents did maintain inventory records.
11a - why not			
don't have	0	0%	
no time	0	0%	
don't know	0	0%	
someone else	0	0%	
other	2	11%	
13a - inv rec exist	16	89%	<p>Of the 18 NACP respondents, 16 were able to show the interviewers an inventory record.</p> <p>The percentages here are based on a denominator of the 16 records seen.</p> <p>The average percentage of these characteristics plus characteristic "o" below is 78 % correct as an indication of the quality of the inventory records seen.</p> <p>A total 15 of the 18 inventory records either recorded adjustments or had no need to record any adjustments. 9 of the 10 with adjustments had explanations for their adjustments.</p>
b - inv rec for all brand	15	94%	
c - unit filled in	12	75%	
d - unit correct	12	75%	
e - max mos filled	10	63%	
f - max mos correct	10	63%	
g - min mos filled	10	63%	
h - min mos correct	10	63%	
i - date filled	15	94%	
j - transact ref filled	15	94%	
k - phys inv recorded	12	75%	
l - adjust recorded	10	63%	
no adj neces. (NA)	5	31%	
m - adj explained	9	90%	



NACP			
	Totals	Percents	Remarks
n - ord qty recorded	2	13%	<p>"Order quantity recorded" represents the number of respondents who entered a number in the "Quantity On Order" column. However, the majority of respondents were not calculating orders using the order formula, so these quantities are not based on stock or use data.</p> <p>The "quantities" and "order date match" are those few cases when an order on an R &amp; R could be compared with the inventory record. These order quantities were also not based on data recorded.</p>
no order made (NA)	3	19%	
o - math correct	15	94%	
p - qtys match	1	6%	
cannot compare (NA)	15	94%	
q - order dates match	0	0%	
cannot compare (NA)	15	94%	
14-use Iss Vchr	5	28%	<p>Few NACP respondents use issue vouchers. Those who didn't said that they were not able to obtain the vouchers from local authorities. One or two who did were actually making their own issue vouchers to use.</p>
14a - why not			
don't have	10	56%	
no time	0	0%	
don't know	0	0%	
someone else	0	0%	
other	3	17%	
15a - Iss Vchr exist	5	28%	<p>Of those issue vouchers observed, the stock information as compared to inventory records was fairly accurate. However, in only a few cases were interviewers able to observe the return copies of the voucher that actually account for the full transaction. In most cases only a book copy of the original sent and signed by the issuing agent was observed.</p>
b- person ship to	4	80%	
c - Iss Vchr dated	5	100%	
d - brand recorded	4	80%	
e - iss. unit recorded	4	80%	
f - qty issue recorded	5	100%	
g - signatures	4	80%	
h1-return copies	2	40%	
h2 - rt copies marked	2	40%	
i - qty IV = qty IR	4	80%	
no IR to compare	0	0%	
16a - use R&R	9	50%	<p>Half of the NACP respondents said that they had used the Report &amp; Request for Supplies (R&amp;R). This is remarkable. At the time of the interview, NACP had not yet printed and distributed this form. Most DACCs in Iringa Region were completing an R &amp; R. Many had made their own forms by photocopying the handout from the training or making a stencil of the form and having it printed.</p>
16b - why not			
don't have	8	44%	
no time	0	0%	
don't know	0	0%	
someone else	0	0%	
other	1	6%	

NACP			
	Totals	Percents	Remarks
16c - when R & R completed	12	67%	knew when to complete the R & R.
17a- complete R&R	8	44%	<p>This figure is one lower than 16a above because one DACC had used the one R &amp; R form he received during the training but did not have other copies and therefore was not completing them regularly.</p> <p>The main reasons given for not using the R &amp; R were that the form was not available, that they did not have condoms and therefore were not distributing, or that previously placed orders remained unfilled. Several DACCs were aware that the regional level was out of condoms and saw no reason to continue ordering or reporting.</p>
17b - why not			
no contraccp dispens	0	0%	
no need for order	0	0%	
another order inter	0	0%	
too busy	0	0%	
no lower level R&R	1	6%	
other	9	50%	
18a - R&R exist	7	39%	<p>Of the 8 respondents who complete R &amp; Rs, 7 were able to show interviewers their sets of R &amp; Rs. The 8th respondent had not been able to keep copies of the R &amp; Rs he sent as he did not have access to a photocopier.</p> <p>Those R &amp; Rs seen were fairly accurate. As also seen with NFPP, losses and month to month balances were not very accurate.</p>
b - balances = IR	5	71%	
c - losses = IR	2	29%	
d - received = IR	7	100%	
e - issued = IR	5	71%	
f - beg bal = last bal	4	57%	
20a - know issued	3	17%	<p>Few respondents could tell interviewers how to compute their issues data or had done so correctly.</p>
b - issued right	1	6%	
21a-suppose phys in			<p>All regional level and most district level NACP personnel knew when they were suppose to conduct physical inventories.</p> <p>However, many said that they were not doing physical inventories on a regular basis. In some cases this was because they had no condoms in stock.</p>
never	0	0%	
weekly	0	0%	
monthly	12	80%	
quarterly	3	100%	
annually	0	0%	
whenever	0	0%	
other	3	17%	
21b - conduct phys in			
never	4	22%	
weekly	0	0%	
monthly	10	67%	
quarterly	1	33%	
annually	0	0%	
whenever	2	11%	
other	1	6%	

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NACP			
	Totals	Percents	Remarks
c - phys in recorded	12	67%	While these numbers are fairly low, a higher percentage of those who actually had stocks were recording their physical inventories, and of those, 67% were at the correct frequency.
d - freq phys in record	8	44%	
22 - determine MOS	7	39%	knew the formula for months of supply.
23a - calc AMCR	10	56%	56% of respondent said that they calculate their AMCR on a regular basis. Others did not for a variety of reasons.
b - why not			
don't know	1	6%	
not necessary	1	6%	
no time	1	6%	
not all info	2	11%	
someone else	0	0%	
other	2	11%	
c - how calc AMCR	13	72%	knew how to calculate AMCR.
24a-stock bal correct	11	61%	When given an exercise were they had to determine the number of months of supply on hand, 61% of respondents calculated the correct answer.
b-dispensed correct	8	44%	
c-num mos correct	12	67%	
d-AMCR calc correct	12	67%	
e-MOS calc correct	11	61%	
25-freq suppose ord	14	78%	knew how often to place an order.
26a- how many order			These figures actually represent the numbers of Report & Request for Supplies forms completed and, in most cases, submitted. The majority, however, did not contain order information based on the stock and use data available.
0	8	44%	
1	4	22%	
2	1	6%	
3	0	0%	
4	4	22%	
5	1	6%	
6	0	0%	
7	0	0%	
26b - no order, why	0	0%	The main reason for not completing the R & R for Supplies was that there were no forms. It seems that in those areas where there were condom supplies, NACP personnel were motivated to make forms and use them. Unless NACP distributes forms and condoms soon, NACP personnel in other areas will lose any knowledge and skills they gained during the workshop.
no contrac dispensed	0	0%	
no stock needed	0	0%	
no form	7	88%	
too busy	0	0%	
don't know how	0	0%	

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NACP			
	Totals	Percents	Remarks
someone else	0	0%	
no all lower R&R	1	13%	
27- formula to calculate order qty	9	50%	knew the formula for calculating order quantity.
28a - max qty correct	9	50%	When given an exercise where they had to calculate the quantity to order, only 33% of respondents were able to calculate the correct quantity.
b-qty on hand subtr	10	56%	
c-qty on hand correct	10	56%	
d-qty on order subtr	10	56%	
f-qty to order correct	6	33%	
29-max/min correct	16	89%	knew the max/min levels for their level in the system.
30-how place order	11	61%	Could tell you the steps in placing an order and an emergency order.
31-how place emergency order	7	39%	
32-shelf life condoms	16	89%	knew the shelf life of condoms.
34-store guidelines			Each figure represents the number of respondents who could state the particular storage guideline.  "Other" storage guidelines most often stated were "warehouses should be well lite and well ventilated."
clean	3	17%	
dry,out of sun	13	72%	
secure from water	12	67%	
fire equip	1	6%	
away from motors	3	17%	
10cms/2.5meters	17	94%	
see expiry dates	11	61%	
FEFO	14	78%	
store from insect, etc.	2	11%	
separate/dispo exp	6	33%	
other	13	72%	

NACP			
	Totals	Percents	Remarks
<b>35- observe storage</b>			<p>Observed storage conditions were generally good, with the indicated number of storerooms managed in accordance with each guideline.</p> <p>Interviewers were unable to see two storerooms in a region that was stocked out of condoms. In these cases, the storekeepers who had the keys were unavailable knowing that they had no supplies to manage.</p>
a-clean	12	67%	
b-avoid water	11	61%	
c-out of sun	13	72%	
d-away from motors	13	72%	
e-10cm from floor	12	67%	
f-no higher 2.5 m	13	72%	
g-expiry dts marked	6	33%	
h-arranged for FEFO	9	50%	
i-away frm chemicals	10	56%	
j-expired separate	0	0%	
k-expired marked	0	0%	
<b>36-supervisory act.</b>			<p>Only regional level personnel were asked this question as NACP district level are not responsible for supervision of SDPs. Respondents could generally list the 3 supervisory activities that should be done in a visit.</p>
review records	3	100%	
check storage	1	33%	
OJT	3	100%	
other	1	33%	
<b>38-how many visits</b>			<p>This is the number of supervisory visits the DACCs had received from the RACCs in the last 6 months.</p>
0	5	33%	
1	5	33%	
2	2	13%	
3	2	13%	
4	0	0%	
5	0	0%	
6	0	0%	
>6	0	0%	
<b>39-supervisor visit</b>			<p>The respondents who had received supervisory visits reported that these were the frequency of supervisory activities undertaken during these visits.</p>
review records	8	89%	
check storage	8	89%	
OJT	7	78%	
other	1	11%	

NACP			
	Totals	Percents	Remarks
40a-have action plan	14	78%	Most respondents had their action plans and felt that they had been able to accomplish the activities on their plans. This points out the importance of completing a thorough action plan that participants can refer to once back on the job.
b-copy exist	13	72%	
41-shared act. plan	8	44%	
42a -plan progress	15	83%	
b-if not, why			
no time	0	0%	
no cooperation	0	0%	
forgot about it	0	0%	
other	1	6%	
c-what able to do	0	0%	
reorganize store	9	50%	
inventory records	12	67%	
max-min	0	0%	
order/report	6	33%	
coord. transport	0	0%	
conduct supervision	1	6%	
teach SDP staff	1	6%	